TA 5

SELF-INSTRUCTION MATERIALS FOR THE PSRO MANAGEMENT INFORMATION SYSTEM (PMIS)

FEDERAL REPORTS MANUAL

MEDICAL CARE EVALUATION STUDIES

12/17/75

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH CARE FINANCING ADMINISTRATION
HEALTH STANDARDS AND QUALITY BUREAU
OFFICE OF PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS

Self-Instruction Materials

for the

PSRO Management Information System (PMIS)

Federal Reports Manual

MEDICAL CARE EVALUATION STUDIES

Note: The enclosed materials are aimed at preparing PSRO personnel to accurately submit Federal Reports Manual reporting requirements for Medical Care Evaluation Studies. The persons directly responsible for preparing reports should proceed through these self-instruction materials.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
U.S. PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION
BUREAU OF QUALITY ASSURANCE

TABLE OF CONTENTS

TABLE OF CONTENTS (continued)

LIST OF INCLUSIONS

INTRODUCTION

This self-instruction packet contains materials designed to assist you in accurately reporting your PSRO's medical care evaluation study activity through use of the PSRO Management Information System (PMIS). The materials in this packet should be reviewed, and the case studies completed, by all personnel directly involved in satisfying medical care evaluation reporting requirements.

Upon completion of these materials, it is anticipated that PSRO and hospital personnel will be familiar with the:

- Background of the PMIS
- Objectives of the PMIS
- Relationships of the PMIS components
- Objectives of medical care evaluation studies
- Requirements for medical care evaluation study reporting
- Techniques for completing the Medical Care Evaluation Study Reports (BQA Forms 131, 133, and 135).

The materials in this packet are presented in five Sections:

- I: Overview of the PMIS

  This section describes the evolution and objectives of the PMIS, the relationships of the three major PMIS components, and the objectives of the field test which is being conducted on the system.

- II: Medical Care Evaluation Study Reporting

  This section describes the anticipated functions of the materials developed as part of the medical care evaluation study reporting requirements, and provides general instructions regarding the reporting requirements.

- III. Instructions for Completing the Medical Care Evaluation Study Reports (BQA 131, BQA 133, BQA 135)

  This section describes the required content, including definitions of each data field to be completed on the BQA Forms. In some instances, there is paraphrasing of

the Federal Reports Manual to aid in clarifying item definitions.

- IV: Case Studies

  This section is designed to introduce the reader to the mechanics of completing BQA Form 131, BQA Form 133 and BQA Form 135. This is done by: (1) presenting two case study exercises; (2) providing Answer Keys that relate the case studies to the required reporting forms; and (3) providing detailed explanations to the Answer Keys, along with reference to where the answers may be found in the case studies.

- V: Problem Log

  Circumstances arise from time to time when the review methodology employed by a PSRO does not seem to lend itself to producing data as defined in the Medical Care Evaluation Study Reports. This section should document problems encountered by PSROs in meeting these reporting requirements, and contribute to the overall PMIS Problem Log which each PSRO is to maintain.

* * * * *

Some of the terms to be used in this manual, and their definitions, are:

- Certified Days

  The number of days of hospital stay determined to be medically necessary.

- Concurrent Admission Certification Review

  Review of the medical necessity for patient admission to a hospital performed either at the time of admission, or shortly thereafter.

- Continued Stay Review

  The review of patient status to determine if continued hospitalization is medically necessary, and therefore warrants a consideration of extension of days of certified hospital stay.

- Delegated Hospital

  A hospital where certain elements of the review process have been assigned to the hospital, with the PSRO maintaining a monitoring role.

- Denial of Admission

  A determination, at the point of concurrent admission certification review, that a further hospital stay is not medically necessary.

- Federal Procurement Regulations (FPRs)

  The regulations employed to control the conduct and expenditures of Federally funded programs.

- MCE Study

  Medical Care Evaluation Study. A study designed to assess the appropriateness and quality of patient care rendered. At this time, MCE studies are primarily concerned with acute hospital care.

- MOU

  Memorandum of Understanding. The document developed between PSROs and hospitals, fiscal intermediaries, etc., which identifies the responsibilities of each party for various activities and costs.

- Pre-admission Certification Review

  Authorization of in-hospital treatment prior to the admission of the patient.

- SRS

  Social and Rehabilitation Service. The Federal agency having responsibility for administration of the Medicaid program (Title XIX).

- SSA

  Social Security Administration. The Federal agency having responsibility for administration of the Medicare program (Title XVIII).

I. OVERVIEW OF THE PMIS

I. OVERVIEW OF THE PMIS

1.1 Background of the PMIS

The development of the PMIS, as a system to satisfy PSRO Federal reporting requirements, began with an assessment of management systems used in prototype PSRO projects, and a review of the data requirements for PSRO program evaluation purposes. Subsequently, an Interagency Work Group with representatives from the Bureau of Quality Assurance (BQA), the Social Security Administration (SSA) and the Social and Rehabilitation Service (SRS), scheduled a series of site visits with organizations engaged in health care review. These meetings focused on the information systems currently in place, their use, and their potential for modification for PSRO purposes.

Based on the review of existing systems, and on selected site visits, the first draft of the PSRO Management Information System (PMIS) was designed and presented to interested DHEW agencies for review and comment. On the basis of these comments, a second draft was developed, presented to the National Professional Standards Review Council, and pilot tested in two operating PSROs during the fall of 1974. The intent of the PMIS is to provide guidance to local PSROs for developing the management feedback necessary for sound operation, as well as to meet the routine information requirements of DHEW, the National Professional Standards Review Council, and other Federal level agencies such as OMB and Congress. As a result of the pilot test and comments received, the PMIS was revised further. The current version of the PMIS has been approved by the Office of Management and Budget (OMB) for installation in all currently designated conditional PSROs, and is to be subjected to a full scale field test by December, 1976. At that time, any modifications found necessary as the result of the field test experience will be included and submitted to OMB for final approval.

1.2 Purposes and Uses of PMIS

The Federal reporting requirements are intended to accomplish the following purposes:

- To fulfill the intent of Section 1155 (f) (1) (B) of P.L. 92-603, the 1972 amendments to the Social Security Act, which mandates DHEW to establish Federal reporting requirements for the PSRO program

- To define that set of information which will both assist each PSRO to monitor and assess its activities at the

local level and allow the Federal Government to meet its monitoring responsibilities

- To build a data base for preparing reports to compare the extent and type of review activities and expenditures with the pattern for PSROs with similar characteristics

- To identify areas for potential technical assistance needs

- To allow the Federal Government to obtain summary information on PSRO activities and costs to contribute to contract renewal decisions.

Data derived from compliance with the PMIS reporting requirements will assist in PSRO operations and management at all levels of PSRO involvement. Specific uses at each level would include:

- Assisting delegated hospitals in managing their review process and in monitoring hospital service utilization

- Assisting PSROs in:

  - Managing review activities in non-delegated hospitals;

  - Monitoring review activities and service utilization in all hospitals;

  - Documenting efforts made to improve the medical care delivered in the PSRO area;

  - Managing current operations and planning for future needs; and

  - Satisfying contract negotiation and renewal requirements.

- Assisting Federal agencies in:

  - Monitoring PSRO activities;

  - Monitoring hospital service utilization and review cost trends and activities;

  - Administering the national program;

  - Expediting the contract renewal process;

- Reporting to the National Professional Standards Review Council, DHEW, and Congress;

- Providing technical assistance to PSROs; and

- Providing feedback to PSROs on activities of peer groups and other PSROs.

Given these uses of PMIS data, the importance of this system to the PSRO program is clear. However, it must be stressed that the PMIS is not designed to satisfy all data needs at the local PSRO and hospital levels, and that many additional tabulations of differing types of data will probably be required by each local PSRO to satisfy its individual requirements.

1.3 PMIS Components

The PSRO Management Information System is comprised of three components:

. The Federal Reports Manual

. The Contracts Management Manual

. The Federal Reports Analysis Manual

Individually, each component describes a series of reports which will either be sent by the PSROs to BQA, or vice versa. Together, however, they describe an information system designed to meet all of the functions described in Section 1.2 while minimizing or eliminating the burdens of duplicative reporting on the part of PSROs.

The Federal Reports and Contracts Management Manuals describe the reporting requirements of PSROs and, as such, provide the raw data which are the inputs to the information system. The Federal Reports Analysis Manual describes the output measures of the system -- the information available for feedback to PSROs, reporting to Congress, DHEW, etc. Each of the components is itself divided into sections by function, as is illustrated in the following discussions.

1.3.1 Federal Reports Manual

The first component of the PMIS, the Federal Reports Manual, describes four areas of reporting requirements: Concurrent Review Reporting; Medical Care Evaluation Study Reporting; Cost Reporting; and reporting of the PSRO Hospital Discharge Data Set (PHDDS) for all Federally funded discharges reviewed. All reports are designed to be directly useful at all levels of PSRO activity, as well as to serve as input to the Federal Reports Analysis component of the PMIS.

Concurrent Review Reporting

This section of the Federal Reports Manual describes the Concurrent Review Activity Summary (BQA 121), which provides information regarding:

- Admission certification volume;
- Physician advisor involvement in admission certification decisions;
- Continued stay review;
- Certified days approved and utilized; and
- Length of stay.

At the local level, these data will aid delegated hospitals in monitoring their concurrent review activity, assist PSROs in monitoring the review activities of all hospitals in their area, and provide concurrent review workload data for PSRO planning and management purposes.

At the national level, the reports will enable the involved Federal agencies to monitor the amount and type of concurrent review activity being performed by PSROs, allow for comparison of concurrent review activities among PSROs, and provide PSRO workload indicators for program planning and contract negotiations.

Medical Care Evaluation Study Reporting

This section describes three reporting instruments: the Medical Care Evaluation Study Abstract (BQA 131); the MCE Re-study Report (BQA 133); and the MCE Study Status Report (BQA 135).

At the local level, these reports will assist hospitals in monitoring the studies performed in their institutions and assist each PSRO in monitoring the MCE studies performed in its area.

At the national level, these reports will enable Federal agencies to monitor MCE study activity and performance, provide identification of PSROs requiring additional technical assistance in conducting MCEs, and enable the establishment of a clearinghouse for circulating successful MCE study methodologies and criteria among PSROs.

- Cost Reporting

  This section describes two reporting instruments: the Quarterly PSRO Function Cost Summary (BQA 151); and the Quarterly Delegated Hospital Function Cost Summary (BQA 153). These reports will enable PSROs to monitor expenditures by cost function both, for their own operation and for those of their delegated hospitals. Nationally, it will allow assessment and comparison of review and management costs, and, with the addition of data reported under the Contracts Management Manual component of the PMIS, provide financial data for contract monitoring, management, and planning.

- PHDDS Reporting

  This section describes the data elements to be furnished to BQA, on a quarterly basis, for all Federal* patients reviewed by the PSRO and its delegated hospitals.

  At the local level, it will provide for the establishment of a computerized data base capable of producing profiles and norms, and for monitoring changes in patterns of hospital service utilization within the PSRO area.

  At the national level, it will allow for the establishment of a computerized data base capable of producing norms, monitoring of changes in patterns of hospital utilization within and across PSRO areas, statistical comparisons of hospital utilization in PSRO areas, and producing modified profiles. The national data base will lack provider and patient identifiers.

1.3.2 Contracts Management Manual

The second component of the PMIS, the Contracts Management Manual (still under development), describes three areas of reporting requirements: Instructions for Conditional PSRO Applicants; Instructions for Annual Renewal Applications; and Instructions for Quarterly Progress Reporting.

The primary goals of the Contracts Management Manual are to:

- Guide PSROs in preparing applications and progress reports required under Federal Procurement Regulations

---

*Patients for whom the expected principal source of payment is Maternal and Child Health, Medicare or Medicaid programs.

- Standardize application and progress report formats to save PSRO time in preparing the documents, and BQA time in reviewing the applications.

- Contribute to objective and efficient contract negotiations

- Assist PSROs in formulating plans for the coming year.

Information required under the Contracts Management Manual will be complementary to, rather than duplicative of, information required under the Federal Reports Manual. All definitions will be consistent between the two input components of the PMIS.

The information to be supplied through this process will be baseline in nature and will include details on:

- PSRO membership status

- Status of MOUs

- Characteristics of the PSRO area

- Details of non-physician practitioner involvement in PSRO activities

- Data system plans

- Descriptions of review activities

- Training plans

- Budget planning.

1.3.3 Federal Reports Analysis Manual

The third component of the PMIS, the Federal Reports Analysis Manual, is the output component of the PMIS and, as such, ties the system together. The manual, currently under development, has three primary objectives:

- Providing statistical and aggregate data to Federal agencies and Congress for purposes of monitoring the program

- Providing statistical and aggregate data to PSROs to aid in the management of activities and to allow PSROs to compare themselves to similar PSROs

- Providing data for long-range planning by the PSROs and the Federal monitoring agencies.

1.4 PMIS Field Test

The development of the PMIS is a continuing process, paralleling the evolution of the PSRO program. This development will follow two tracks: the development of materials for management of PSRO activities not previously covered by the system, but identified as being necessary; and the revision of existing materials.

To accomplish this, a field test will be conducted for a period of 14 months at selected PSROs. Specifically, the objectives of the field test are to:

- Determine the technical feasibility of collecting and processing the information presently stipulated for the PMIS
- Assess the utility of PMIS information at all levels of PSRO and program management
- Estimate the cost of collecting and preparing PMIS data
- Identify additional needs for management materials not presently contained in the PMIS.

These specific objectives will be accomplished by investigations in areas such as the following:

- Data utility studies at all levels of PSRO management
- Selected data audit studies to verify validity and accuracy of reported data
- Time and effort, and cost, studies to determine the level of resources required to operate the system
- Ongoing problem identification and special studies to determine how the system may be improved.

Two groups of PSROs will participate in the field test:

- All PSROs will be asked to maintain problem logs to identify any problems encountered in satisfying PMIS reporting requirements
- Selected PSROs (8-10) will participate in in-depth studies of areas noted above, i.e., data audit, effort and cost studies, etc.

II. MEDICAL CARE EVALUATION STUDY REPORTING

II. MEDICAL CARE EVALUATION STUDY REPORTING

2.1 Introduction

Medical Care Evaluation Study Reporting requires completion of the following forms:

- BQA 131 - the MCE Study Abstract
- BQA 133 - the MCE Re-study Abstract
- BQA 135 - the MCE Study Status Report.

By complying with the reporting requirements and using the information listed on the forms:

- Hospitals delegated MCE study responsibilities will be able to monitor MCE studies being conducted in their institutions

- The PSRO will be able to monitor MCE studies performed in delegated hospitals and in non-delegated hospitals, and to monitor PSRO MCE studies conducted on a sub-area or area-wide basis.

2.2 Purpose of Medical Care Evaluation Studies

Each PSRO must perform medical care evaluation studies to assure that health care services are appropriate to the patient's needs, and are of appropriate quality, and to assure that the health care organization and administration support the timely provision of quality care. Studies should emphasize the identification and analysis of care provided to groups of patients, and suggest possible changes for maintaining consistently high quality care and effective and efficient use of services.

A medical care evaluation study is not complete until corrective action has been executed, if necessary, and appropriate re-studies performed. The PSRO will be responsible for assuring that, over time, medical care evaluation studies performed include study of the care of patients in each of the major clinical areas.

- Nature of Studies

  Each medical care evaluation study shall:

- Focus, in a limited manner, upon a known or suspected problem area in organization, delivery or outcome of hospital care;

- Be carried out in accord with explicit objectives specific to the study;

- Utilize criteria and standards;

- Include the use of a sample of patients and their records selected from all patients in the hospital, and not to be limited to Titles V, XVIII and XIX patients;

- Result in documented input and recommendations, where indicated, to continuing health education activities;

- Effect changes in the organization and administration of health care delivery to improve quality of care and promote more effective use of facilities and services;

- Include a plan for follow-up, where indicated, to determine what changes have occurred as a result of actions taken to correct identified deficiencies; and

- Include such a follow-up, where indicated, in order to complete the study. The follow-up is to be done in a reasonable time, but not later than one year following the performance of the initial study. A re-study assesses the impact of corrective action on identified deficiencies and cannot be counted as an MCE study for requirement purposes.

Use of Criteria and Standards

Criteria and standards which relate to the specific objectives of the study are to be adopted for use in the study. These shall be used to identify aberrant patterns of practice, either administrative or clinical. The standards shall be set to indicate what degree of variation from a criterion constitutes existence of an aberrant pattern of practice.

- Reports to Hospitals

  In the case of MCE studies conducted by a PSRO, the PSRO shall assure that the results of each study which are pertinent to the operations of a particular hospital are provided in writing to the appropriate members of the medical staff, administration, and Board of Trustees of such hospital responsible for assuring quality of care in the hospital.

The MCE Study Forms BQA 131, 133, and 135 were designed to:

- Provide status reports to allow hospitals, PSROs, and Federal agencies to keep track of planned and completed studies

- Provide the data base from which identification of need for technical assistance would be made; such assistance would be provided by the PSRO to hospitals within their areas, or provided by Federal agencies to individual PSROs.

2.3 Medical Care Evaluation Study Abstract (BQA 131)

The MCE Study Abstract, BQA 131, is a check list of the steps followed in performing an MCE study, including study description, design and methodology, and analysis of results. This abstract has been designed for all MCE studies and thus is generic to the MCE study process. However, unique study characteristics that are not adequately covered by individual abstract items should be described and/or elaborated in the spaces provided for explanation and remarks. Those completing the forms should use additional sheets, if necessary, to describe a particular MCE study.

2.4 Medical Care Evaluation Re-study Abstract (BQA 133)

The Re-study Report, BQA 133, is designed to report on the re-studies performed to assess the effectiveness of action(s) implemented to correct deficiencies identified in an earlier MCE Study. The Re-study Report is not for reporting repeat MCE studies, and is not counted as an MCE for reporting requirements.

The Re-study Report is to be completed after a re-study is performed by a delegated hospital or by the PSRO. As with the MCE Study Abstract (BQA 131), the Re-study Report is submitted for those re-studies completed in the calendar quarter and are to be submitted to BQA within 45 days of the end of the quarter. A separate Re-study Abstract is to be submitted for each re-study.

2.5 Medical Care Evaluation Study Status Report (BQA 135)

The MCE Study Status Report , BQA 135, is designed to provide updated information on MCE studies completed through the initial steps (BQA 131) and through the re-study (BQA 133). In addition, those MCE studies initiated in the PSRO area during the last calendar quarter are to be added to the MCE Study Status Report together with their starting and estimated completion dates.

There may be three different MCE Study Status Reports submitted, according to the three different types of MCE studies: (1) PSRO sub-area or area-wide studies; (2) studies conducted in single, non-delegated hospitals by the PSRO; and, (3) studies conducted in delegated hospitals by delegated hospital personnel. A separate MCE Study Status Report will be required to cover each of these three conditions.

2.6 MCE Study Documentation

It is imperative that all committees involved in the design and conduct of MCE studies be fully aware of the reporting requirements. In this way, the methodology for the study and interpretation of results can be fully documented in such a way that the necessary information for completion of the abstracts will be available for reporting on the BQA forms discussed above. It is recommended that these requirements be promulgated through the established PSRO education and training channels. The specific method for accomplishing this training objective should be integral to the overall PSRO Training Plan.

2.7 Reporting Periods

Reports shall be submitted no later than 45 days following the end of the quarter. The reporting periods and due dates are as follows:

Calendar Quarter	Inclusion Dates	Final Due Date
1	1 January - 31 March	15 May
2	1 April - 30 June	14 August
3	1 July - 30 September	14 November
4	1 October - 31 December	14 February

III. INSTRUCTIONS FOR COMPLETING THE MEDICAL CARE EVALUATION STUDY REPORTS (BQA 131, BQA 133, BQA 135)

III. INSTRUCTIONS FOR COMPLETING THE MEDICAL CARE EVALUATION STUDY REPORTS (BQA 131, BQA 133, BQA 135)

3.1 Introduction

Each PSRO is required routinely to submit reports describing the medical care evaluation study activity conducted in its area by the PSRO or by delegated hospitals. Pertinent information related to these studies is to be summarized on the Medical Care Evaluation Study Abstract (BQA 131), the Re-Study Report (BQA 133), and the Medical Care Evaluation Study Status Report BQA 135). These reports contain provisions for reporting on each medical care evaluation study and each re-study performed, as well as summary information on all studies initiated, in process, or completed during the quarter.

The purpose of the three required reports is to:

- Identify areas where technical assistance in conducting MCE studies may be appropriate
- Provide the information necessary for monitoring and evaluating PSRO and hospital performance of MCE studies at local and national levels
- Provide information for a clearinghouse of successful MCE study methodologies and successful criteria and standards.

Each of the reports is to be submitted to BQA on a quarterly basis, not later than 45 days after the end of the calendar quarter. The PSRO should insure that abstracts and re-study reports for studies performed by delegated hospitals are sent to the PSRO on a timely basis, to be available to the PSRO for quarterly reporting purposes.

3.2 Medical Care Evaluation Study Abstract (BQA 131)

3.2.1 General Instructions

All medical care evaluation studies which include physician participation should be recorded on BQA 131. Studies which are directed entirely by non-physician personnel need not be recorded on a BQA 131 form, but records of such studies should be maintained and reported as part of the contract progress reports, through the Contracts Management Manual reporting requirements.

An MCE Study Abstract is required for each study completed during the calendar quarter. Only one abstract is required per study, even if the study is performed jointly by the PSRO and delegated hospitals. If more than one hospital was involved in an MCE study, the necessary explanations should be provided in the space provided for this purpose.

The MCE Study Abstract is designed to enable the delineation of the step-by-step performance of the MCE study, including the study description, design, and methodology, and analysis of the findings of the study. The abstract is a general form designed to document all MCE studies; unique study characteristics for which provisions have not been made on the abstract should be documented in the space provided, or on additional sheets. If an MCE study was judged by the PSRO or hospital to have been particularly successful (i.e., those studies given a technical rating of "Excellent" on the MCE Study Status Report (BQA 135), a description of the study protocol and a list of the criteria and standards used in the study, should be forwarded to BQA with the MCE Study Abstract.

The PSRO or hospital conducting the MCE study must complete the top portion of the MCE Study Abstract with the PSRO name and the date the Abstract is completed; mark the appropriate box to indicate whether the MCE study was performed by a delegated hospital or by the PSRO, and fill in the dates the MCE study was initiated and completed through the point of making recommendations for suggested action, or of acknowledging that no further action was indicated. All references to a particular MCE study (e.g. on the Re-study Report, and the MCE Study Status Report) must include the Abstract Identification Number assigned to the study, which is located in the upper right-hand corner of the original MCE Study Abstract. In completing the Abstract, check the appropriate box or boxes and provide the required narrative according to the "Specific Instructions," which follow. Enter any additional comments or explanation in the space provided, as necessary.

Abstracts for studies performed by delegated hospitals should be completed by the delegated hospital and forwarded to the PSRO. The PSRO will then submit to BQA copies of all MCE Study Abstracts.

3.2.2 Specific Instructions

Following are specific instructions regarding each item of data called for on the BQA 131. A sample BQA 131 follows this page for reference.

Identification Information

The hospital identification number at the top of the abstract is the number to be assigned to each hospital by the PSRO. The identity of the hospital associated with this number is not to be known by BQA. Since this item relates to the hospital(s) in which this study was performed, there may be several identification numbers in this box.

The PSRO number is the unique identification number to be assigned to each PSRO by BQA.

The dates that the study was begun and completed should be shown. Note that a study is considered complete if study results have been analyzed and recommendations made; it is not necessary to wait until recommended programs have been implemented or completed to report on the study results.

Delegation Status

Indicate whether the study was performed by the PSRO or by a hospital delegated responsibility for performing medical care evaluation studies.

Study Number

The MCE study identification number is a unique number assigned by the PSRO to identify a particular MCE study. This number is also used to identify the study on the MCE Re-study Report (BQA 133) on the MCE Study Status Report (BQA 135).

Item 1. Study Topic

Provide a short title for the problem under study. If possible, the study topic should include a description of the patient group studied (e.g., patients with myocardial infarctions treated in coronary care units) and should identify the subject of the study as specifically as possible (e.g., drugs provided to patients with myocardial infarction treated in coronary care units). If further explanation is required to clarify the subject or nature of the study, provide such explanation in the section entitled "Additional Explanatory Remarks."

Bureau of Quality Assurance
Health Services Administration

MEDICAL CARE EVALUATION STUDY ABSTRACT

Office of Management and Budget Approval Number	HOSPITAL ID NO.
PSRO NAME	PSRO NO.
MCE STUDY BEGUN Month Year	MCE STUDY COMPLETED THROUGH STEPS BELOW Month Year
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL	MCE STUDY ID NO.

1. STUDY TOPIC _____ (Write in)

_____

2. METHOD FOR SELECTING STUDY (Check One)
   - ☐ a. PROFILE ANALYSIS
   - ☐ b. CONCURRENT REVIEW
   - ☐ c. OTHER MCE STUDY
   - ☐ d. ANALYSIS OF MEDICAL RECORDS
   - ☐ e. PERCEIVED NEED
   - ☐ f. OTHER (Specify) _____

3. TOPIC CHARACTERISTIC (Check One)
   - ☐ a. INCIDENCE/PREVALENCE
   - ☐ b. PREVENTABLE MORBIDITY/MORTALITY
   - ☐ c. COST OF CARE
   - ☐ d. OTHER (Specify) _____

_____

4. HOSPITAL STUDY RESPONSIBILITY (Check One)
   - ☐ a. MEDICAL AUDIT COMMITTEE
   - ☐ b. UR COMMITTEE
   - ☐ c. SERVICE/DEPT. (Specify) _____
   - ☐ d. OTHER (Specify) _____

5. NON-PHYSICIAN PARTICIPATION (Specify)

_____

_____

_____

_____

6. DERIVATION OF CRITERIA (Check One)
   - ☐ a. SELF GENERATED
   - ☐ b. NATIONAL ORGANIZATION
   - ☐ c. OTHER PSRO(S)
   - ☐ d. OTHER HOSPITAL(S)
   - ☐ e. OTHER (Specify) _____

7. STUDY SITE (Check One)
   - ☐ a. PSRO-WIDE
   - ☐ b. PSRO SUB-AREA (NO. HOSPITALS _____)
   - ☐ c. INDIVIDUAL HOSPITAL
   - ☐ d. SERVICE /DEPT. OF HOSP. (Specify) _____
   - ☐ e. OTHER (Specify) _____

8. TYPE OF DATA COLLECTION (Check One)
   - ☐ a. RETROSPECTIVE
   - ☐ b. CONCURRENT
   - ☐ c. MIXED

9. SAMPLE CHARACTERISTICS
   - a. NUMBER OF SUBJECTS _____
   - b. POPULATION _____
   - c. OTHER _____

10. DATA INSTRUMENT (Check One)
    - ☐ a. SPECIAL FORM
    - ☐ b. ROUTINE FORM
    - ☐ c. OTHER (Specify) _____

11. DATA QUALITY CONTROLS (Check all that apply)
    - ☐ a. VERIFIED
    - ☐ b. VERIFIED - SOURCE INADEQUATE
    - ☐ c. VERIFIED - DATA INACCURATE
    - ☐ d. NONE
    - ☐ e. OTHER (Specify) _____

12. DATA PROCESSING (Check One)
    - ☐ a. MANUAL
    - ☐ b. EDP
    - ☐ c. MIXED

    EDP Cost: $ _____

13. FINDINGS (Check One)
    - ☐ a. COMPLIANCE WITH STANDARDS (Go to item 20)
    - b. VARIATION FROM STANDARDS
      - ☐ (1) VARIATION JUSTIFIED (Go to item 20)
      - ☐ (2) DEFICIENCY IDENTIFIED (Proceed with item 14)
      - ☐ (3) MORE THAN ONE DEFICIENCY (Proceed with item 14, specify number _____)

Continued on reverse side

14. DEFICIENCY ANALYSIS (Check One)
- ☐ a. KNOWLEDGE
- ☐ b. PERFORMANCE
- ☐ c. OTHER _____

15. ATTRIBUTION (Check all that apply)
- ☐ a. ONE HOSPITAL
- ☐ b. MORE THAN ONE HOSPITAL (NO. ____)
- ☐ c. INDIVIDUAL PHYSICIAN
- ☐ d. GROUP(S) OF PHYSICIANS
- ☐ e. NON-PHYSICIAN(S)
- ☐ f. ADMINISTRATIVE
- ☐ g. FURTHER STUDY NEEDED
- ☐ h. OTHER _____

16. TYPE OF ACTION RECOMMENDED (Check all that apply and describe)
- ☐ a. PRACTITIONER COUNSELLING _____
- b. EDUCATIONAL PROGRAM
  - ☐ (1) SINGLE HOSPITAL _____
  - ☐ (2) PSRO SUB-AREA _____
  - ☐ (3) PSRO - WIDE _____
- ☐ c. ADMINISTRATIVE CHANGE _____
- ☐ d. CHANGE IN CONCURRENT REVIEW _____
- ☐ e. OTHER REVIEW MODIFICATION _____
- ☐ f. OTHER _____

17. ESTIMATED RE-STUDY DATE (mo/yr) _____

18. IF EDUCATION IS RECOMMENDED, IS THERE LINKAGE WITH EXISTING CONTINUING MEDICAL EDUCATION ACTIVITIES?
☐ yes ☐ no

IF YES, PLEASE DESCRIBE: _____

19. RESPONSIBILITY FOR ACTION (Check all that apply)
- ☐ a. MEDICAL STAFF (COMMITTEE)
- ☐ b. HOSPITAL BOARD OF TRUSTEES
- ☐ c. HOSPITAL ADMINISTRATION
- ☐ d. SERVICE/DEPT. (Specify) _____
- ☐ e. OTHER (Specify) _____

20. PERSON HOURS UTILIZED (Round to half hours)

MCE STUDY TASK	PHYSICIAN	OTHER
a. SELECTION AND DESIGN		
b. SETTING CRITERIA AND STANDARDS		
c. DATA COLLECTION AND DISPLAY		
d. INTERPRETATION AND ANALYSIS OF FINDINGS		
e. TOTAL		

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Item 2. Method for Selecting Study

Check the one box which best describes the major factor leading to the selection of this topic as the subject of an MCE.

a. Profile Analysis: Study of profiles, by retrospective analysis, demonstrated patterns of care indicating that further investigation was appropriate.

b. Concurrent Review: Observations made by the review coordinator, the physician advisor, or by a committee fulfilling this function during the concurrent review process, indicated a possible problem area where in-depth study was suggested as being appropriate.

c. Other MCE Study: Results of another MCE study on a related subject indicated that study of this topic could have a beneficial impact on patient care.

d. Analysis of Medical Records: Review and analysis of a group or sample of medical records revealed certain trends or variances from the generally accepted norms, standards, and criteria in the PSRO area.

e. Perceived Need: A hospital, group of hospitals, or the PSRO perceived a problem area which impacted on patient care, and which merited a directed study effort. This is generally not the result of a detailed data analysis effort.

f. Other: A particular topic was selected for in-depth study for a reason other than those specified above. The reason the study was undertaken should be specified on the abstract.

Item 3. Topic Characteristic

Check the one box which most specifically characterizes the reason the topic was chosen for study.

a. Incidence/Prevalence: There is an unusually high incidence or prevalence of the diagnosis or problem selected for study, in this particular hospital, or in hospitals throughout the PSRO area.

b. Preventable Morbidity/Mortality: With proper care and treatment, the natural course of the condition under study can be altered, and a significant amount of morbidity/mortality can be prevented.

c. Cost of Care: There is a high cost of care associated with the study topic, e.g., ICU or CCU treatment patterns.

d. Other: Check this box if none of the characteristics described above pertains to the topic under study. If none of the characteristics above are applicable, but another characteristic is a principal characteristic of the topic, then this should be specified.

Item 4. Hospital Study Responsibility

Check the one box describing the group within the hospital which is primarily responsible for activity related to this MCE study. In a hospital delegated MCE study responsibility, this is the group which conducts the study. If a hospital is not delegated MCE study responsibility, or if the study is being conducted by the PSRO and will include several hospitals, indicate the hospital group which is working most closely with the PSRO in the conduct of the study.

a. Medical Audit Committee: The hospital-wide committee, regardless of its title, which has primary responsibility for quality assurance activities throughout the hospital. In many hospitals this committee may also have responsibility for utilization review activity.

b. Utilization Review Committee: The hospital-wide committee which has primary responsibility for reviewing the utilization of hospital services and resources. This committee may or may not also be responsible for monitoring quality assurance activities.

c. Department: If a committee based in one of the major hospital services or departments has assumed primary responsibility for conducting the MCE study, specify the service or department (i.e., medicine, surgery, obstetrics, pediatrics).

d. Other: If primary responsibility for performing the study, or for collaborating with the PSRO on the study, has been assumed by a physician committee other than one specified above, identify the committee (e.g., tissue committee).

Item 5. Non-Physician Participation

Specify the types of health care practitioners, other than physicians, who actively participated in the design of the MCE study, in the development of criteria used in the study, or in interpretation of the findings of the study. This does not include personnel whose involvement in the study was limited to data collection or analysis. The time spent by each of these persons should be documented in item #20.

Item 6. Derivation of Criteria

Check the appropriate box to indicate the principal source from which the criteria used in the MCE study were derived.

a. Self-Generated: The criteria used in the study were primarily original, and were generated for the study by the physicians on the hospital committee or by the physicians in the PSRO, rather than being adopted and modified from other sources.

b. National Organization: The criteria used in the study were either adapted or modified and adopted from criteria sets developed by national organizations or national specialty societies, such as the American Medical Association or the American College of Surgeons.

c. Other PSRO: Criteria used in the study were primarily based on criteria sets formulated by (an) other PSRO(s) or similar organizations (e.g., Experimental Medical Care Review Organization(s), Medical Care Foundation(s), State Medical Association(s)).

d. Other Hospital: Criteria used in the study were primarily based on criteria sets formulated by (an) other hospital(s).

e. Other: Specify any source of criteria used in the study other than those sources delineated above.

Item 7. Study Site

Check one appropriate box to show where the study was performed, or to demonstrate which of the following was included in the study.

a. PSRO-Wide: The study was conducted by the PSRO, and all hospitals in the PSRO area were involved.

b. PSRO Sub-Area: The study was conducted by the PSRO and some, but not all, of the hospitals in the PSRO area were involved. Specify the number of hospitals in the area which were involved in the study.

c. Individual Hospital: The study was performed in a hospital delegated responsibility for performing MCE studies, or by the PSRO in a single hospital not delegated responsibility for performing MCE studies. No other hospitals were involved in the study.

d. Service/Department of Hospital: The study was performed by a defined service or department of a delegated hospital, or by the PSRO in conjunction with a defined service or department of a non-delegated hospital. Specify the service or department involved.

e. Other: If the MCE study was performed at any site other than those sites specified above, identify the site. An example might be two delegated hospitals jointly performing the study.

Item 8. Type of Data Collection

Check one box to indicate the time frame in which the data gathered for the MCE study were collected.

a. Retrospective: After the data elements required for the study were identified, the data were collected from the medical records of patients who had been treated and discharged, or from other sources onto which medical record data had already been abstracted. This method is generally used when data necessary for the study are available in the patient records. Another example would be using data collected via a discharge abstract system.

b. Concurrent: After the data elements required for the study were identified, a sample of future patient admissions was defined and their records used as the data source while the patients were in the hospital. This method is also used when data necessary for the study are not routinely recorded in patient medical records.

c. Mixed: The data elements required for the study were gathered on both a retrospective and a concurrent basis.

Item 9. Sample Characteristics

Briefly indicate the significant characteristics of the population examined in this MCE study.

a. Number of Subjects: The number of patients (charts, discharges, etc.) on whom data were collected, e.g., "50 patients."

b. Population: If a statistical sample was used, indicate the estimated population of which the sample is considered representative. Leave blank if a statistical sample was not used. Note that the number of subjects and the population may be identical, e.g., "the last 50 AMI patients." In other instances, the sample number (e.g., 50 patients) may be different from the population, e.g., all AMI's discharged during the last two years, which is estimated to be 400 cases.

c. Other: Provide a brief description of the important characteristics of the population which made that population particularly appropriate for this study. Such characteristics might include factors such as the time period covered by the study, or the sampling method used. In the above AMI example, a description of the sampling method for selecting the 50 cases would be stated, as would the two-year time period.

Item 10. Data Instrument

Check one box to illustrate the type of data collection instrument which was used to gather data for the MCE study. If more than one data collection instrument was used in the study, check the one which was used for the majority of the data collected.

a. Special Form: A data collection form was designed specifically to facilitate the collection and analysis of data for this MCE study.

b. Routine Form: Data for this MCE study were collected on the abstract form routinely used by the PSRO or hospital to collect the PHDDS data elements for Federal patients. This includes the use of optional fields on routine data collection abstracts.

c. Other: Specify any data collection instrument, other than those listed above, which was used to collect data for the MCE study. An example of such a form might be the JCAH Medical Audit Form.

Item 11. Data Quality Controls

Check the box(es) which describe(s) the process(es) used to validate the data used in the study.

a. Verified: Quality control procedures performed on the data used in the study indicated both that the data necessary to perform the study were present in the source documents (usually the patients' medical records) and that the data abstracted for the study were recorded correctly. This implies a re-abstracting verification process.

b. Verified - Source Inadequate: Quality control procedures performed on the data used in the study indicated that the data in the source documents (usually the patients' medical records) and the data abstracted for the MCE study data collection forms were accurate, but some of the data necessary to perform the study were not present in the source documents. Where source documents are found not to contain data necessary to the performance of the study, the size of the study should be reduced accordingly, or additional records should be included in the study.

For example, in a sample of 100 records, 90 records contain certain laboratory results; of the 90, half (45 records) showed findings which met the established criteria, and 45 records showed findings which did not. The necessary data are not present in the other 10 records, which required either reducing the study sample to 90, or selecting additional records.

This situation should be distinguished from a criterion directly related to medical record keeping practices, e.g., recording the manual prostate examination for male appendectomies where the major issue is the recording of the information as surrogate evidence that the test was in fact conducted.

c. Verified - Data Inaccurate: Quality control procedures performed on the data used in the study indicated that the data necessary to perform the study

were available in the source documents, but the data abstracted for the study were not valid (for example, coding errors were found in the data, data were recorded incorrectly on the data collection forms, data were incorrectly omitted, etc.)

d. None: No verification of the adequacy of the source documents or the accuracy of the data used in the study was performed. An example would be using computer printout clinical information from a discharge abstract service as the data source for a study, with no verification status involved.

e. Other: If any quality controls other than those described above were used to verify the adequacy of the source documents, or the accuracy of the data used in the study, specify the quality controls which were used.

Situations where the source of data may be adequate but the data accuracy was not verified, or vice versa, should be checked and described under this option.

Item 12. Data Processing

Check one box to indicate which process was used to prepare the MCE data for analysis.

a. Manual: The data collected were manually prepared by PSRO or hospital personnel.

b. EDP: Computerized data processing was involved, either as a part of routine data preparation, or as a special processing effort for this MCE study.

c. Mixed: Both manual and computerized data processing activities were required to prepare the data for analysis.

d. EDP Cost: If computerized data processing activity was involved in preparing the data, provide an estimate of the cost of the computer processing (but not of data collection) required for this MCE study.

Item 13. Findings

It is important to note that the selection of responses to Items 13 thru 19 must be made by the physician committee conducting the study. Further, if more than one hospital was involved in the study, it may be appropriate to provide multiple answers. Use the "Additional Explanatory Remarks" section or a separate sheet of paper.

Check the one box which best describes the results of this MCE study in terms of compliance with, or variation from, standards adopted for use in this study. If the findings reveal some areas in which practice was in compliance with the standards and some areas in which practice deviated from the standards, check the appropriate box under (b), the subheading "Variation from Standards."

a. Compliance with Standards: All study results were found to be within acceptable ranges of variation from the norms or criteria adopted for this study. Check this item only if no variations from the standards were identified. If this item is checked, go directly to Item 20 on the form, "Person Hours Utilized"; it is not necessary to complete Items 14 thru 19.

b. Variation from Standards: Some or all of the results of the study were found to be outside an acceptable range of variation from the norms and criteria adopted for this MCE study. Check one of the items below to indicate whether the variation was determined to be justified, or whether the variation was determined to be inappropriate, and required follow-up as a deficiency requiring action. If some variations were determined to be justified and some were determined to be not justified, check (1) and (2) or (3), as applicable. If (2) or (3) of this item is checked, describe the variation(s) in the space provided for explanatory remarks.

1) Variation Justified: Analysis of the data collected revealed variation from the norms and criteria adopted for this study, but the variation was determined to be justified. Examples might be that a patient's condition had indicated that the norms and criteria were not applicable because of an accompanying condition, or the results of the study indicated that the norms and criteria themselves were inappropriate. If only

this item is checked, go directly to Item 20 on the form, "Person Hours Utilized;" it is not necessary to complete Items 14 thru 19.

2) Deficiency Identified: Analysis of the data collected revealed variation from the norms and criteria adopted for this study, and the variation was determined not to be justified. If this item is checked, Items 14 thru 19 must be completed.

3) More Than One Deficiency: Analysis of the data collected revealed more than one variation from the norms and criteria adopted for this study. If this item is checked, specify the number of deficiencies which were identified, and complete Items 14 thru 19.

If additional space is needed to clarify or explain the findings of the study, use the space entitled "Additional Explanatory Remarks" on the reverse side of the form. Items 14 thru 19 involve actions to correct the deficiencies found during the course of the MCE study.

Item 14. Deficiency Analysis

Check one of the following boxes to indicate the factor which was determined to be the primary cause of the deficiency. If more than one deficiency was identified, check the primary cause of the major deficiency.

a. Knowledge: It was found that there existed an insufficient level of knowledge or professional skills needed to perform satisfactorily.

b. Performance: The level of knowledge and professional skills were found to be adequate, but the performance demonstrated was found to be unsatisfactory.

c. Other: If a deficiency not attributable to either the level of knowledge and professional skills or to performance was found, specify the determined cause of the deficiency.

Item 15. Attribution

Check one or more of the following categories to indicate the group or groups to which the major deficiency was attributed by the physician committee.

a. One Hospital: The problem occurred in only one hospital though the study may have involved multiple hospitals.

b. More Than One Hospital: The study was conducted in more than one hospital, and the major deficiency was found to have occurred in more than one hospital. If this box is checked, specify the number of hospitals in which the problem occurred.

c. Individual Physician(s): The problem involved one or more individual physicians. These physicians were not identifiable as part of a group of physicians.

d. Group(s) of Physicians: The problem involved one or more discrete physician groups. These groups had common, identifiable characteristics, such as the same specialty, or membership on the same medical staff.

e. Non-Physician(s): The problem involved variation in either knowledge and skills, or performance on the part of one or more non-physicians in medically-related professions (e.g., nurse(s), pharmacist(s), physical therapist(s), etc.).

f. Administrative: The problem was not attributable to medically related personnel, but was related to administrative factors such as hospital operating procedures, physical plant and equipment, etc.

g. Further Study Needed: Responsibility for the major deficiency cannot be determined from this study alone; further study is required to identify the primary group or groups to which the problem is attributable.

h. Other: Specify any persons, organizations, institutions, or other groups not included above, which were determined to be responsible for the major deficiency.

Item 16. Type of Action Recommended

Check one or more of the following to indicate the corrective action(s) recommended, during the study, to correct all the deficiencies identified as a result of the study. Asterisk (*) the actions recommended to rectify the major deficiency. Describe the actions recommended in the space provided. If

additional space is needed to describe or clarify the recommendations, use the space entitled, "Additional Explanatory Remarks" at the bottom of the page.

a. Practitioner Counseling: A deficiency was primarily related to the performance of (a) physician(s) or (b) non-physician(s) in a medically-related profession, and counseling of the individual(s) involved is recommended.

b. Educational Program: A deficiency was primarily related to inadequate education on the part of (a) physician(s) or non-physician(s) in a medically-related profession, and (an) educational program(s) for the individual(s) and/or group(s) is recommended.

   1) Single Hospital: An educational program should be directed to all, or a specified part of, the staff of one hospital.

   2) PSRO Sub-Area: A program should be directed to a defined part of the PSRO area, such as all of the hospitals or physicians in one area, all the physicians in one specialty, etc.

   3) PSRO-Wide: A program should be addressed to all of the hospitals, physicians, or other types of health practitioners in the PSRO area.

c. Administrative Change: A deficiency was primarily related to administrative factors, and changes in hospital operating procedures, or changes to the physical plant and equipment, are recommended. (Examples of such factors might include procedures for assigning patients to special care units, or the number of pediatric blood pressure cuffs available, etc.) Describe the nature of the changes recommended in the space provided.

d. Change in Concurrent Review: A deficiency indicated that a change in the current methods of performing concurrent review is appropriate, (e.g., pre-admission review was indicated for a certain group of patients or physicians, more in-depth criteria should be applied to certain patients, more frequent referrals to the physician advisor were indicated, etc.). Describe the recommended change in the space provided.

e. Other Review Modifications: A deficiency indicated that a change in PSRO or hospital review mechanisms other than concurrent review, such as profile analysis, was indicated. Describe the recommended change in the space provided.

f. Other: If a deficiency resulted in recommended actions other than those described above, specify and describe the actions recommended. Examples of other recommendations might include a program to increase the practical skills of the professionals involved, another MCE study on a related topic, etc.

Item 17. Estimated Re-Study Date

A re-study should be performed to establish the effect of the actions recommended on the deficiencies identified. Specify the proposed month and year in which this re-study will be completed.

Item 18. If Education is Recommended, Is There Linkage With Existing Continuing Medical Education Activities?

If an educational program was recommended in Item 16, check the appropriate box to indicate whether linkage with existing CME programs exists. If such a relationship does exist, identify the organizations involved, and briefly describe the type and subject of the programs available. Established periodic department colloquia are considered CME activities.

Item 19. Responsibility for Action

Indicate each party or group to which responsibility was assigned for implementing the recommended actions. Asterisk (*) the party or group responsible for the action(s) related to the major deficiency. This is not necessarily the group with ultimate legal responsibility.

a. Medical Staff (Committee): Responsibility for implementing recommended actions was assigned to the medical staff of the hospital, the chief of staff, or a medical staff committee.

b. Hospital Board of Trustees: Responsibility for implementing recommended actions was assigned to the governing body of the hospital.

c. Hospital Administration: Responsibility for implementing recommended actions was assigned to the hospital administration.

d. Hospital Service/Department: Specify the particular hospital service or department to which responsibility for implementing recommended actions was assigned.

e. Other: If responsibility for implementing recommended actions was assigned to any party or group other than those identified above, specify the party or group. This could be, or include, the PSRO.

Item 20. Person Hours Utilized

Indicate the number of hours of physician time and of other staff (non-physicians in medically-related professions, data analysts, clerical support) time required to perform each of the following steps in the study. Round time to the nearest half hour. (Note that if non-physician participation was shown in Item 5, it should be recorded here.)

a. Selection and Design: This activity includes the processes of identifying the study topic and patient group to be involved, and the development of the methodology used in performing the study.

b. Setting Criteria and Standards: This activity includes the development of original criteria and standards or modification of existing criteria and standards.

c. Data Collection and Display: This activity includes the retrieval of data from source documents, abstracting, and processing and preparation of data for use by the study participants.

d. Interpretation and Analysis of Findings: This activity includes: comparison of the data collected with the criteria, norms, and standards adopted for use in the study; determination of whether variations from the criteria and norms occurred; identification of deficiencies that existed; determination and design of appropriate corrective action activities; completing the appropriate reports on the study; and making recommendations to the appropriate groups or organizations.

e. Total: Total the amount of time spent by physicians and other staff on this MCE study, as indicated on lines (a) - (d).

* * * * * * * *

The "Additional Explanatory Remarks" section may be used to provide further description or clarification of any of the items on this abstract. Use the item number (1-20) and letter to reference the item explained.

3.3 Re-Study Report (BQA 133)

3.3.1 General Instructions

The Re-study Report is used to report on re-studies performed to assess the effectiveness of corrective action(s) recommended as the result of a previous MCE study in which a deficiency, or deficiencies, were identified. It is not for reporting complete MCE studies on topics which have been the topics of a previous MCE study.

The Re-study Report is to be prepared after a re-study has been performed by a delegated hospital or by the PSRO. Re-study Reports for all re-studies completed within a calendar quarter are to be sumitted to BQA within 45 days of the end of the quarter. A sample BQA 133 follows this page.

3.3.2 Specific Instructions

Complete the top of the form with the PSRO-assigned identification number(s) of hospitals included in the re-study, PSRO name and I.D. number, the dates the re-study was begun and completed, and indicate whether the PSRO or delegated hospital(s) conducted the re-study. Supply additional comments as necessary.

Item 1. Identification of Original Study

Indicate which completed MCE study was re-studied. The identification information for the re-study should be the same as that shown in the Medical Care Evaluation Study Abstract (BQA 131) for the MCE study.

a. Topic of MCE Study: Indicate the topic of the MCE study re-studied as it appears in Item 1 of the BQA 131.

b. Abstract I.D. Number: Enter the I.D. number of the abstract to which the re-study is related. This number appears in the upper right corner of the BQA 131.

c. Date Study Completed Through Recommended Actions: Enter the date that the MCE study was completed, as reported on the original BQA 131.

Bureau of Quality Assurance
Health Services Administration

RE-STUDY REPORT

Office of Management and Budget Approval Number	HOSPITAL ID NO.
PSRO NAME	PSRO NO.
DATE RESTUDY BEGAN Month Year	DATE RESTUDY COMPLETED Month Year
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL	

1. IDENTIFICATION OF STUDY
   a. TOPIC OF MCE STUDY _____
   b. ABSTRACT ID NUMBER _____
   c. DATE STUDY COMPLETED THROUGH RECOMMENDED ACTIONS _____
2. RESTUDY METHODOLOGY
   a. TYPE OF DATA COLLECTION (Check One)
   ☐ (1) RETROSPECTIVE
   ☐ (2) CONCURRENT
   ☐ (3) MIXED
   b. SAMPLE CHARACTERISTICS
   (1) NUMBER OF SUBJECTS _____
   (2) OTHER DESCRIPTION _____
   c. DATA INSTRUMENT (Check all that apply)
   ☐ (1) SPECIAL FORM
   ☐ (2) ROUTINE FORM - SPECIAL ELEMENTS
   ☐ (3) ROUTINE FORM - ROUTINE ELEMENTS
   (4) ELEMENT(S) USED _____
   (5) ELEMENT(S) TO BE INCORPORATED IN ROUTINE DATA SET _____
   d. CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSET OF ORIGINAL
   ☐ (2) ORIGINAL SET
   ☐ (3) OTHER (Specify) _____
   e. MODIFICATIONS OF CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSTANTIAL
   ☐ (2) SOME
   ☐ (3) NONE

3. FINDINGS
   a. ORIGINAL FINDINGS (Check One)
   ☐ (1) ACTIONS CORRECTED DEFICIENCIES
   ☐ (2) ACTIONS PARTIALLY CORRECTED DEFICIENCIES
   ☐ (3) ACTIONS PRODUCED NO CHANGE
   ☐ (4) ACTIONS NOT IMPLEMENTED
   b. NEW PROBLEM IDENTIFIED (Specify) _____
4. RECOMMENDATIONS (Check all that apply)
   ☐ a. SAME EDUCATION PROGRAMS
   ☐ b. NEW EDUCATION PROGRAMS (Specify) _____
   ☐ c. SAME ADMINISTRATIVE CHANGE
   ☐ d. NEW ADMINISTRATIVE CHANGE (Specify) _____
   ☐ e. RESTUDY (Estimated Mo/Yr) _____
   ☐ f. MCE STUDY
   ☐ g. CHANGE IN CONCURRENT REVIEW (Specify) _____
   ☐ h. OTHER REVIEW MODIFICATION (Specify)
   ☐ i. NO ACTION NECESSARY
   ☐ j. OTHER (Specify) _____
5. PERSON HOURS UTILIZED (Round to half hours)
   a. PHYSICIAN _____
   b. OTHER _____
   c. TOTAL _____

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Item 2. Re-Study Methodology

Provide answers under each of the following subheadings to indicate the methodology and procedures which were used in the re-study.

a. Type of Data Collection: Check one box to indicate the time frame in which the data gathered for the re-study were collected.

1) Retrospective: After the data elements required for the re-study were identified, the data were collected from the medical records of patients who had been treated and discharged (this method is generally used when data necessary for the study are available in the patient records).

2) Concurrent: After the data elements required for the re-study were identified, a sample of future patient admissions was defined, and their records used as the data source while the patients were in the hospital.

3) Mixed: The data elements required for the re-study were gathered on both a retrospective and a concurrent basis.

b. Sample Characteristics: Briefly indicate the significant characteristics of the population examined in this re-study.

1) Number of Subjects: The number of patients (charts, discharges, etc.) from which data were collected.

2) Population: If a statistical sample was used, indicate the estimated population.

3) Other Description: Provide a brief description of other important characteristics of the sample which made that sample particularly appropriate for this re-study. Such characteristics might include the time period covered by the study or the sampling method used.

c. Data Instrument: Check as many boxes as necessary to describe the type of data collection instrument(s) which was (were) used to gather data for this re-study.

1) Special Form: A data collection form was specifically designed to facilitate the collection and analysis of data for the MCE study, or for this re-study.

2) Routine Form - Special Elements: Data for this re-study were collected on the abstract form routinely used by the PSRO or hospital to collect the PHDDS data elements for Federal patients. Special data elements were recorded on the abstract especially for this re-study.

3) Routine Form - Routine Elements: Data for this re-study were collected on the abstract form routinely used by the PSRO or hospital to collect the PHDDS data elements for all Federal patients.

4) Element(s) Used: Identify the specific data elements, other than those contained in the PHDDS, which were collected and used for the re-study. Use the space under "Additional Explanatory Remarks" at the bottom of the page if additional space is required.

5) Elements to be Incorporated in Routine Data Set: If data elements other than those contained in the PHDDS were collected and used for the purposes of this re-study, specify data elements, if any, which you would recommend be added to the PSRO's routine data set.

d. Criteria and Standards: Check one box to indicate the source of the criteria and standards used in the restudy.

1) Subset of Original: Part of the criteria and standards set adopted for use in the original MCE study were used for the re-study, either with or without modification. For example, if 20 criteria were used in the original study and only 5 were found to be indicators of the deficiency identified, then perhaps only these 5 would be used for re-study purposes.

2) Original Set: The norms, criteria and standards adopted for use in the original MCE study were used for the re-study, either with or without modification.

3) Other: If criteria and standards other than those used in the original MCE study were used in the re-study, specify the source of the criteria and standards used.

e. Modifications of Criteria and Standards: Check the appropriate box to indicate the extent to which the criteria and standards used in the original MCE study were modified for use in the re-study, whether the entire original set or a subset was used.

1) Substantial: For greater than 50% of the criteria and related standards used in the original MCE study, the criteria and standards were modified for use in the re-study. This box should be checked if response 3) "Other" is used for item 2e.

2) Some: There was modification of some of the criteria and related standards for use in the re-study, but it represented less than 50% of the criteria and standards used in the original MCE study.

3) None: There was no modification of the criteria and related standards used in the original MCE study.

Item 3. Findings

Provide answers to each of the subheadings to indicate the significant findings of the re-study.

a. Original Findings: Check the one box which best describes the effect that the recommended actions had upon the deficiencies identified as a result of the original MCE study, as determined in the re-study, and explain the findings in the space provided for additional explanatory remarks. In a multi-hospital study, various results may have occurred. These can be listed on a separate sheet.

1) Actions Corrected Deficiencies: The deficiencies identified as a result of the original MCE study no longer exist.

2) Actions Partially Corrected Deficiencies: Some improvement in the deficiencies identified as a result of the original MCE study is evident, but the fundamental problem(s) still exist(s).

3) Actions Produced No Change: No improvement is apparent, and the deficiencies persist at the same level as identified in the original MCE study.

4) Actions Not Implemented: The corrective actions recommended as a result of the findings of the original MCE study, such as education programs or administrative changes, never occurred.

b. New Problems Identified: In addition to the findings described under "Original Findings," a new problem was identified as a result of the re-study. Specify the problem identified.

Item 4. Recommendations

Check one or more of the following to indicate the corrective action(s) recommended to resolve the existing deficiencies, identified as a result of the re-study. Describe the recommended actions in the space provided. If additional space is required to describe the recommended actions, use the space entitled "Additional Explanatory Remarks" at the bottom of the page.

a. Same Education Programs: It is recommended that the education programs recommended to address the deficiencies identified as a result of the original MCE study should be repeated, continued, or expanded to address the existing problem(s).

b. New Education Programs: It is recommended that education programs, other than those identified as a result of the original MCE study, be implemented to address the existing problem(s). Specify the programs recommended.

c. Same Administrative Change: It is recommended that the same administrative changes in hospital procedures or physical plant and equipment recommended as a result of the original MCE study be pursued to address the existing problem(s).

d. New Administrative Change: It is recommended that new administrative changes in hospital procedures or physical plant and equipment, other than those recommended as a result of the original MCE study, be pursued to address the existing problem(s). Specify the programs recommended.

e. Re-Study: It is recommended that another re-study be performed, to review the progress made toward resolving the existing deficiencies. Specify the estimated time (month and year) when this re-study should be completed.

f. MCE Study: It is recommended that a new MCE study be performed on a related topic, or that a new MCE study be performed in greater depth on a subset of the same topic, to address the problems identified during the re-study. This recommended study is not a re-study of the same topic. It may relate to a "New Problem Identified" in item 3.

g. Change in Concurrent Review: It is recommended that a change be made in the current methods of performing concurrent review (e.g., pre-admission review is indicated for a certain group of patients or physicians, more in-depth criteria should be applied to certain patients, more frequent referrals to the physician advisor are indicated, etc.), to address the problems identified during the re-study. Describe the recommended change in the space provided.

h. Other Review Modification: It is recommended that a change be made in PSRO or hospital review mechanisms other than concurrent review, such as profile analysis, to address the problems identified during the re-study. Describe the recommended modification in the space provided.

i. No Action Necessary: No further action relative to the findings of the original MCE study are recommended as a result of the re-study.

j. Other: If actions other than those specified above are recommended to resolve problems identified as a result of the re-study, specify the recommended actions in the space provided.

Item 5. Person Hours Utilized

Show the number of hours of physician time and of other staff time (non-physicians in medically-related professions, data analysts, clerical support) used for the re-study. Round times to the nearest half-hour. Total the time spent by physicians and other staff on this re-study on line c.

The "Additional Explanatory Remarks" section may be used to provide further description or clarification of any of the items on this abstract. Use the item number (1-5) and letter for reference to the item explained.

3.4 Medical Care Evaluation Study Status Report (BQA 135)

3.4.1 General Instructions

An updated copy of the MCE Study Status Report (BQA 135) is to be provided to BQA each quarter. The updated report will show original MCE studies which have been initiated or completed and re-studies planned or completed. All MCE studies with physician participation performed by the PSRO or by delegated hospitals in the PSRO area are to be submitted to BQA within 45 days of the end of each calendar quarter.

A sample BQA 135 follows this page.

3.4.2 Specific Instructions

In the top left corner of the report, check the appropriate box to indicate whether the MCE studies listed on that page refer to: 1. studies performed by the PSRO on a subarea or areawide basis (whether in delegated or nondelegated hospitals); 2. individual studies performed by the PSRO in hospitals not delegated MCE study responsibility; or 3. studies performed by individual delegated hospitals. A separate page is required for reporting each of the three types of studies. Ratings of the technical performance and the impact of the study are required in columns 7 and 10. These ratings will not be used to evaluate PSRO study capabilities, but rather to identify the most successful MCE study topics, methodologies and criteria sets, and establish an MCE study clearinghouse.

Complete the top right corner of the report with the appropriate name, identification number, and dates, as on BQA 131 and BQA 133. Indicate the appropriate page numbers.

Column (1) - MCE Study Topic

State the MCE study topic as it appears or will appear on the BQA 131 and BQA 133.

☐ PSRO

☐ Non-Delegated Hospitals

☐ Delegated Hospitals

Bureau of Quality Assurance
Health Services Administration

MCE STUDY STATUS REPORT

Office of Management and Budget
Approval Number

PSRO NAME

PSRO NO.

REPORTING PERIOD
DATES FROM Month Year TO Month Year

PAGE OF

MCE STUDY TOPIC (1)	STUDY ID NO. (2)	HOSPITAL ID (3)	MCE STUDY THROUGH RECOMMENDED ACTIONS				RESTUDY		IMPACT RATING (P, G, or E) (10)
			DATE STARTED (4)	ESTIMATED COMPLETION DATE (5)	ACTUAL COMPLETION DATE (6)	TECHNICAL RATING (P, G, or E) (7)	ESTIMATED DATE OF RESTUDY (8)	ACTUAL DATE OF RESTUDY (9)	

BQA 135 4/75

Column (2) - Study I.D. Number

Record the MCE study identification number. This number will be the identification number of the MCE study that has been, or will be, used to report the study on BQA 131.

Column (3) - Hospital I.D.

Record the PSRO-assigned hospital identification number(s) of the hospital(s) included in the MCE study.

Column (4) - Date Started

Indicate the day, month, and year on which the MCE study was started.

Column (5) - Estimated Completion Date

Indicate the day, month, and year when the MCE study is expected to be completed, through the point of recommending action, or, through the point of recognition that no further action is necessary.

Column (6) - Actual Completion Date

Indicate the day, month, and year on which the MCE study was actually completed, through the point where the data collected have been analyzed and appropriate recommendations have been made, or it has been decided that no action is necessary. This will correspond to the study completion date reported on the MCE Study Abstract (BQA 131). If the MCE study has not yet been completed, leave this column blank.

Column (7) - Technical Rating

The PSRO or hospital committee conducting the MCE study should evaluate the success of the initial steps of the MCE study as poor, good, or excellent, based on the technical aspects of the study performance (e.g., such factors as effective use of physician and staff time, the adequacy of the study protocol, the adequacy and accuracy of the data collected, the identification of specific problem areas, etc.). Indicate the evaluation of the study with a "P," "G," or "E" under this column. If an MCE study has been given an "Excellent" technical rating, the PSRO should forward the study protocol (to include at least the study design and the study methodology) and the criteria and standards used in the study to BQA with the MCE Study Abstract (BQA 131). This technical rating is not necessarily correlated with the study findings, i.e., an "E" rating does not necessarily imply that deficiencies were identified.

Column (8) - Estimated Date of Re-Study

Enter the month and year when it is expected that the first re-study of this MCE study will be completed. This should correspond to the estimated re-study date indicated on the MCE Study Abstract (BQA 131). This column should be completed only after the MCE study has been completed and a re-study date assigned. If no deficiencies are identified during the initial steps of the MCE study, and no action is recommended as a result of the study, it is not necessary to complete columns 8, 9 or 10.

Column (9) - Actual Date of Re-Study

If a re-study was recommended during the initial MCE study, and the re-study has been completed, indicate the day, month, and year on which the re-study was completed.

Column (10) - Impact Rating

The PSRO or hospital conducting the re-study should indicate the success of the MCE study based on the determinations of the re-study, with respect to the appropriateness and effectiveness of the remedial action(s) taken as a result of the recommendations of the original MCE study. Indicate the evaluation of the study with a "P," "G," or "E" under "Impact Rating" to show an evaluation of poor, good, or excellent. If the MCE study has been given an "Excellent" impact rating, the PSRO should include, with the BQA 135, a brief explanation of why the study was successful in effecting improvement.

IV. CASE STUDIES

IV. CASE STUDIES

4.1 Introduction

This chapter is designed to demonstrate the mechanics of completing the Medical Care Evaluation Study Abstract (BQA 131), the Re-Study Report (BQA 133) and the MCE Study Status Report (BQA 135). Two case study situations are presented in narrative form which are to be referred to in completing the required forms. After reading the first case study and completing the exercise by filling out the required forms, participants are directed to verify their answers against the Answer Keys provided for this purpose. In completing the forms, you should also refer to Section III, Instructions for Completing the Medical Care Evaluation Study Reports (BQA 131, BQA 133, BQA 135), which contains both general and specific instructions for completing the reporting requirements. If you are satisfied with your understanding of the process, then proceed to Case Study #2.

The case studies and attendant Answer Keys are designed to prepare PSRO personnel to accurately submit Federal Reports Manual reporting requirements for Medical Care Evaluation Studies. All persons directly responsible for preparing and submitting MCE reports should complete these case studies. Six copies of each required form are provided at the end of this chapter.

Should any problems arise, or should any definitions or techniques remain unclear after you have completely reviewed these materials, contact the PMIS Technical Assistance Center at (202) 785-4828.

Case Study #1

The first case study depicts a hospital clinical MCE conducted by a PSRO. After reading the case you are to complete the forms BQA 131, BQA 133 and BQA 135 which are provided for this purpose.

Following the case study description and the sample BQA forms is the Answer Key for Case Study #1. This key is divided into two sections. The first part consists of sample BQA forms that have been completed in response to the case scenario. The second section of the Answer Key consists of an item-by-item explanation of the answers that are found on the completed Answer Key forms. Along with this item-by-item explanation of responses, there is also reference given to the case study line, or lines, which generate the answer.

Case Study #2

The second case study focuses on an MCE study conducted on a PSRO sub-area basis. After reading the second case study, you are to complete the BQA 131 and BQA 135 forms which are provided for this purpose.

Following the case study description is the Answer Key for Case Study #2. The Answer Keys are divided into two sections. The first part consists of sample BQA forms that have been completed in response to this case scenario. The second section of the Answer Key consists of an item-by-item explanation of the answers that have been provided, along with references directing the participant to the case study line where the answer may be found.

4.2 Case Study #1: Hospital Clinical MCE

CASE STUDY 1: HOSPITAL CLINICAL MCE

Situation

Assume that PSRO OCA99 found, through routine analyses by a data analyst, Very General Hospital (a non-delegated hospital) to have an unusually high incidence of admissions for pneumococcal pneumonia. On April 15, 1975, the PSRO Physician Audit Committee (five physicians) decided to conduct a MCE study to determine the cause of this finding. The five physicians and data analyst designed the study over a 3 hour (physician committee) and 20 hour (analyst) period, and estimated the study to be complete by May 25, 1975. The entire Committee spent ten hours reviewing the relevant criteria developed by the American Society of Internal Medicine and the American College of Physicians under the sponsorship of the American Medical Association and adapted their own criteria from the national set. The Committee determined that in order to justify the diagnosis of pneumococcal pneumonia, it was critical to have documented in the chart the presence of a positive sputum culture and evidence of pulmonary parenchymal involvement by chest film or physical exam. The records of the last 50 patients discharged with the diagnosis of pneumococcal pneumonia were manually reviewed in 12 hours each by two review coordinators. Data from medical records were recorded on a form developed for the MCE study. In 20 of the records, the review coordinators could find no evidence that the critical criteria

had been met. These charts were referred to the full Physician Audit Committee where review and interpretation of findings took eight hours. It was determined that in five of the cases there was evidence to justify the diagnosis of pneumococcal pneumonia but there was inadequate documentation in the record. In 15 cases the Committee determined that the diagnosis was incorrect, and that respiratory conditions other than pneumococcal pneumonia were present. They also determined that all of the cases of missed diagnosis came from the Medical Service where personnel were found to be lacking specific knowledge of proper diagnostic procedures. As a result of the study, the Committee made the following recommendations to the hospital Medical Audit Committee:

1. That the physicians responsible for the five poorly documented charts be informed of the findings.
2. That the staff of the Medical Service participate in a local continuing medical education program on the diagnosis of respiratory conditions.
3. That the criteria related to validation of the diagnosis be applied in the concurrent review process.
4. That the topic be restudied in six months.

The medical staff adopted the recommendations of the audit committee and invited faculty from the nearby Dogood Medical Center to give a post-graduate course in the diagnosis of respiratory diseases. The study was completed on May 28, 1975.

A re-audit six months later (Nov. 25, 1975) revealed no instances

of incorrect diagnoses. The same procedures and criteria were used as in the original MCE study. As a result, the PSRO and the medical staff decided to discontinue the concurrent review requirements for validation of the diagnosis of pneumococcal pneumonia. The restudy was completed on December 4, 1975. The re-study process involved 2 review coordinators who spent 22 hours each on the re-study. The Physician Audit Committee spent approximately an hour and thirty-five minutes in review for re-study purposes.

CASE STUDY 1

ANSWER KEYS

Case Study 1: Hospital Clinical MCE

Bureau of Quality Assurance
Health Services Administration

MEDICAL CARE EVALUATION STUDY ABSTRACT

Office of Management and Budget Approval Number

HOSPITAL ID NO. 246

PSRO NAME: Rockville

PSRO NO. OCA99

MCE STUDY BEGUN: Month April Year 1975

MCE STUDY COMPLETED THROUGH STEPS BELOW: Month May Year 1975

CONDUCTED BY: [X] PSRO [ ] DELEGATED HOSPITAL

MCE STUDY ID NO. 001

1. STUDY TOPIC (Write in) Validation of admitting diagnosis of pneumococcal pneumonia (see remarks section)

2. METHOD FOR SELECTING STUDY (Check One)
   - [X] a. PROFILE ANALYSIS
   - [ ] b. CONCURRENT REVIEW
   - [ ] c. OTHER MCE STUDY
   - [ ] d. ANALYSIS OF MEDICAL RECORDS
   - [ ] e. PERCEIVED NEED
   - [ ] f. OTHER (Specify) _____

3. TOPIC CHARACTERISTIC (Check One)
   - [X] a. INCIDENCE/PREVALENCE
   - [ ] b. PREVENTABLE MORBIDITY/MORTALITY
   - [ ] c. COST OF CARE
   - [ ] d. OTHER (Specify) _____

4. HOSPITAL STUDY RESPONSIBILITY (Check One)
   - [X] a. MEDICAL AUDIT COMMITTEE
   - [ ] b. UR COMMITTEE
   - [ ] c. SERVICE/DEPT. (Specify) _____
   - [ ] d. OTHER (Specify) _____

5. NON-PHYSICIAN PARTICIPATION (Specify)

6. DERIVATION OF CRITERIA (Check One)
   - [ ] a. SELF GENERATED
   - [X] b. NATIONAL ORGANIZATION
   - [ ] c. OTHER PSRO(S)
   - [ ] d. OTHER HOSPITAL(S)
   - [ ] e. OTHER (Specify) _____

7. STUDY SITE (Check One)
   - [ ] a. PSRO-WIDE
   - [ ] b. PSRO SUB-AREA (NO. HOSPITALS _____)
   - [X] c. INDIVIDUAL HOSPITAL
   - [ ] d. SERVICE /DEPT. OF HOSP. (Specify) _____
   - [ ] e. OTHER (Specify) _____

8. TYPE OF DATA COLLECTION (Check One)
   - [X] a. RETROSPECTIVE
   - [ ] b. CONCURRENT
   - [ ] c. MIXED

9. SAMPLE CHARACTERISTICS
   - a. NUMBER OF SUBJECTS 50
   - b. POPULATION _____
   - c. OTHER Last 50 patients discharged w/diag. pneumococcal pneumonia.

10. DATA INSTRUMENT (Check One)
    - [X] a. SPECIAL FORM
    - [ ] b. ROUTINE FORM
    - [ ] c. OTHER (Specify) _____

11. DATA QUALITY CONTROLS (Check all that apply)
    - [ ] a. VERIFIED
    - [X] b. VERIFIED - SOURCE INADEQUATE
    - [ ] c. VERIFIED - DATA INACCURATE
    - [ ] d. NONE
    - [ ] e. OTHER (Specify) _____

12. DATA PROCESSING (Check One)
    - [X] a. MANUAL
    - [ ] b. EDP
    - [ ] c. MIXED

    EDP Cost: $ _____

13. FINDINGS (Check One)
    - [ ] a. COMPLIANCE WITH STANDARDS (Go to item 20)
    - b. VARIATION FROM STANDARDS
      - [ ] (1) VARIATION JUSTIFIED (Go to item 20)
      - [ ] (2) DEFICIENCY IDENTIFIED (Proceed with item 14)
      - [X] (3) MORE THAN ONE DEFICIENCY (Proceed with item 14, specify number 2)

Continued on reverse side

14. DEFICIENCY ANALYSIS (Check One)
- [x] a. KNOWLEDGE
- [ ] b. PERFORMANCE
- [ ] c. OTHER _____

15. ATTRIBUTION (Check all that apply)
- [ ] a. ONE HOSPITAL
- [ ] b. MORE THAN ONE HOSPITAL (NO. ____)
- [ ] c. INDIVIDUAL PHYSICIAN
- [x] d. GROUP(S) OF PHYSICIANS
- [ ] e. NON-PHYSICIAN(S)
- [ ] f. ADMINISTRATIVE
- [ ] g. FURTHER STUDY NEEDED
- [ ] h. OTHER _____

16. TYPE OF ACTION RECOMMENDED (Check all that apply and describe)
- [x] a. PRACTITIONER COUNSELLING Physicians responsible for inadequate medical record documentation.
- b. EDUCATIONAL PROGRAM
  - * [x] (1) SINGLE HOSPITAL Medical Serv. Staff
  - [ ] (2) PSRO SUB-AREA _____
  - [ ] (3) PSRO - WIDE _____
- [ ] c. ADMINISTRATIVE CHANGE _____
- [x] d. CHANGE IN CONCURRENT REVIEW Apply criteria related to validation of diagnosis
- [ ] e. OTHER REVIEW MODIFICATION _____
- [ ] f. OTHER _____

17. ESTIMATED RE-STUDY DATE (mo/yr) 11/75

18. IF EDUCATION IS RECOMMENDED, IS THERE LINKAGE WITH EXISTING CONTINUING MEDICAL EDUCATION ACTIVITIES?
[x] yes [ ] no

IF YES, PLEASE DESCRIBE: Faculty from local Dogood Medical Center offered post-graduate courses in the diagnosis of respiratory diseases.

19. RESPONSIBILITY FOR ACTION (Check all that apply)
- * [x] a. MEDICAL STAFF (COMMITTEE)
- [ ] b. HOSPITAL BOARD OF TRUSTEES
- [ ] c. HOSPITAL ADMINISTRATION
- [ ] d. SERVICE/DEPT. (Specify) _____
- [ ] e. OTHER (Specify) _____

20. PERSON HOURS UTILIZED (Round to half hours)

MCE STUDY TASK	PHYSICIAN	OTHER
a. SELECTION AND DESIGN	15	20
b. SETTING CRITERIA AND STANDARDS	50	
c. DATA COLLECTION AND DISPLAY		24
d. INTERPRETATION AND ANALYSIS OF FINDINGS	40	
e. TOTAL	105	44

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

1. Criteria requires positive sputum culture and evidence of pulmonary parenchymal involvement by chest film or physical exam.
6. Criteria were adapted from American Society of Internal Medicine criteria developed under the sponsorship of the American Medical Association.
13. Two deficiencies were found: (1) Inadequate documentation in the record, (2) Incorrect diagnosis with indications that respiratory conditions other than pneumococcal pneumonia were present (major deficiency).
15. Medical Service of hospital.

RESERVED FOR PROCESSING CONTROL

ANSWER KEY EXPLANATION

CASE STUDY 1: HOSPITAL CLINICAL MCE

BQA FORM 131

ITEM	EXPLANATION - REFERENCE
1	The study topic identified was high evidence of pneumococcal pneumonia. Case study lines 1 through 4.
2	The study was selected and identified in this case through routine analysis by a data analyst. Case study lines 1 and 2.
3	The study originated because of identified high incidence of the disease. Case study lines 2 through 4.
4	Responsibility for the study was the PSRO's in that the hospital under study was a non-delegated institution. However, item #4 asks for the group within the hospital primarily responsible for study activity; in this case it was identified as the Hospital Medical Audit Committee. Case study lines 33 and 34.
5	The non-physician participation item asks for health care professionals, other than physicians, who participated in the development of criteria and standards, or in interpretation and analysis of findings. Because such activities were not engaged in by other than physicians, this item is left blank.
6	The criteria used for the MCE study were derived from the national set, developed by the American Society of Internal Medicine and the American College of Physicians under sponsorship of the American Medical Association. Case study lines 9 through 13.
7	This study was performed in only one hospital, Very General Hospital. Case study line 2.
8	The data necessary for the study was collected from the medical records of patients who had been treated and discharged. Case study lines 17 through 20.

ITEM	EXPLANATION - REFERENCE
9	Significant characteristics of the population examined for study purposes were (a) the 50 patients/charts involved and (c) the last 50 patients discharged with this diagnosis. Case study lines 17 through 20.
10	The data instrument used to collect information on this population was a form especially designed for this MCE. Case study lines 20 and 21.
11	The box(es) which best describes the process used to validate the data used in the study is Verified - Source Inadequate; this means that the medical records were checked by the review coordinators but referred to the Physician Committee because there was inadequate documentation as to the meeting of pneumococcal pneumonia criteria. Case study lines 20 through 27.
12	The data necessary for the analysis was prepared manually by the review coordinators. Case study lines 17 through 20.
13	To best describe the results of the MCE study in terms of findings by the committee responsible for the study, item 13.b.(3) was checked indicating two deficiencies existed - inadequate documentation in the records, and incorrect diagnosis. Case study lines 22 through 30.
14	The primary cause of the deficiency as determined by the Physician Audit Committee was "knowledge". Though there were two deficiencies, the primary cause of the major deficiency, is checked. In this case study there were 15 cases of incorrect diagnosis attributed to personnel lacking specific knowledge. Case study lines 25 through 30.
15	The major deficiency, "incorrect diagnosis" was attributed to the Medical Service of the hospital. Case study lines 30 through 33.
16	Here the action(s) recommended to correct all the deficiencies is noted. In addition, the action recommended to correct the major deficiency is asterisked. Since the major deficiency was identified as incorrect diagnosis by the Medical Service staff, box 16.b(1) is asterisked (*), following the recommendations that this

ITEM	EXPLANATION - REFERENCE
	Medical Service staff participate in a continuing medical education program. Actions to correct the other deficiencies are also checked. Case study lines 25 through 42.
17	The re-study to assess the effect of corrective actions was scheduled for November, 1975. Case study lines 46 and 47.
18	An educational program was recommended, reference in item #16, and was briefly described as asked. Case study lines 43 through 46.
19	The group responsible for implementing the recommended actions was the medical staff of the hospital. They were also the group responsible for implementing actions related to the major deficiency, thus box 19.a is also asterisked (*). Case study lines 33 and 34.
20	Determination of person hours utilized is determined by:

MCE Study Task	Physician	Other
a. Selection & Design	(5 physicians x 3 hrs.) Case study lines 6 and 7	(1 data analyst x 20 hrs.) Case study lines 6 and 7
b. Setting Criteria and Standards	(5 physicians x 10 hrs.) Case study lines 8 and 9	
c. Data Collection and Display		(2 review coordinators x 12 hrs.) Case study lines 17, 18 and 19
d. Interpretation and Analysis of Findings	(5 physicians x 8 hrs.) Case study lines 22 and 23	
e. Total	Sum of Hours for MCE Study	

Case Study 1: Hospital Clinical MCE

Bureau of Quality Assurance
Health Services Administration

RE-STUDY REPORT

Office of Management and Budget Approval Number

HOSPITAL ID NO. 246

PSRO NAME: Rockville

PSRO NO. OCA99

DATE RESTUDY BEGAN Month Nov. Year 1975

DATE RESTUDY COMPLETED Month Dec. Year 1975

CONDUCTED BY: ☒ PSRO ☐ DELEGATED HOSPITAL

1. IDENTIFICATION OF STUDY
   a. TOPIC OF MCE STUDY: Validation of admitting diagnosis of pneumococcal pneumonia (see remarks sec.)
   b. ABSTRACT ID NUMBER: 001
   c. DATE STUDY COMPLETED THROUGH RECOMMENDED ACTIONS: May, 1975
2. RESTUDY METHODOLOGY
   a. TYPE OF DATA COLLECTION (Check One)
   ☒ (1) RETROSPECTIVE
   ☐ (2) CONCURRENT
   ☐ (3) MIXED
   b. SAMPLE CHARACTERISTICS
   (1) NUMBER OF SUBJECTS: 50
   (2) OTHER DESCRIPTION: (See remarks section)
   c. DATA INSTRUMENT (Check all that apply)
   ☒ (1) SPECIAL FORM
   ☐ (2) ROUTINE FORM - SPECIAL ELEMENTS
   ☐ (3) ROUTINE FORM - ROUTINE ELEMENTS
   (4) ELEMENT(S) USED:
   (5) ELEMENT(S) TO BE INCORPORATED IN ROUTINE DATA SET:
   d. CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSET OF ORIGINAL
   ☒ (2) ORIGINAL SET
   ☐ (3) OTHER (Specify):
   e. MODIFICATIONS OF CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSTANTIAL
   ☐ (2) SOME
   ☒ (3) NONE

3. FINDINGS
   a. ORIGINAL FINDINGS (Check One)
   ☒ (1) ACTIONS CORRECTED DEFICIENCIES
   ☐ (2) ACTIONS PARTIALLY CORRECTED DEFICIENCIES
   ☐ (3) ACTIONS PRODUCED NO CHANGE
   ☐ (4) ACTIONS NOT IMPLEMENTED
   b. NEW PROBLEM IDENTIFIED (Specify):
4. RECOMMENDATIONS (Check all that apply)
   ☐ a. SAME EDUCATION PROGRAMS
   ☐ b. NEW EDUCATION PROGRAMS (Specify):
   ☐ c. SAME ADMINISTRATIVE CHANGE
   ☐ d. NEW ADMINISTRATIVE CHANGE (Specify):
   ☐ e. RESTUDY (Estimated Mo/Yr)
   ☐ f. MCE STUDY
   ☒ g. CHANGE IN CONCURRENT REVIEW (Specify): Discontinue previous concurrent review requirements for validation of pneumococcal pneumonia.
   ☐ h. OTHER REVIEW MODIFICATION (Specify)
   ☐ i. NO ACTION NECESSARY
   ☐ j. OTHER (Specify)
5. PERSON HOURS UTILIZED (Round to half hours)
   a. PHYSICIAN: 8
   b. OTHER: 44
   c. TOTAL: 52

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

1. Criteria requires positive sputum culture and evidence of pulmonary parenchymal involvement by chest film or physical exam.

2b(2). Last 50 patients discharged with diagnosis of pneumococcal pneumonia.

RESERVED FOR PROCESSING CONTROL

BQA 133

ANSWER KEY EXPLANATION

CASE STUDY 1: HOSPITAL CLINICAL MCE

BQA FORM 133

ITEM	EXPLANATION - REFERENCE
1	Identification of the restudy is the same as that shown on the original MCE Study Abstract.
2	The methodology and procedures used for restudy purposes were the same. The last 50 medical records were abstracted for audit and the same methodology, i.e., the last 50 discharges were used. The same form and the original set of standards and criteria were also used. Case study lines 48 and 49.
3	In the findings, all deficiencies were corrected. Case study lines 46, 47 and 48.
4	Recommendations following the re-study usually refer to further recommendations necessary to resolve still existing deficiencies. However, in this case it was decided to discontinue concurrent review requirements as the deficiencies were corrected. Case study lines 48, 49 and 50.
5	For person hours utilized: a. physician - 5 physicians x 1 hr. 35 min. = 475 min. = 8 hrs. b. other - 2 review coordinators x 22 hrs. each = 44 hrs. c. total - sum of a + b

☐ PSRO
☒ Non-Delegated Hospitals
☐ Delegated Hospitals

Bureau of Quality Assurance
Health Services Administration

MCE STUDY STATUS REPORT

Office of Management and Budget Approval Number

PSRO NAME: Rockville
PSRO NO.: OCA99

REPORTING PERIOD
DATES FROM: Month 10 Year 1975
TO: Month 1 Year 76

MCE STUDY TOPIC (1)	STUDY ID NO. (2)	HOSPITAL ID (3)	MCE STUDY THROUGH RECOMMENDED ACTIONS: DATE STARTED (4)	ESTIMATED COMPLETION DATE (5)	ACTUAL COMPLETION DATE (6)	TECHNICAL RATING (P, G, or E) (7)	RESTUDY: ESTIMATED DATE OF RESTUDY (8)	ACTUAL DATE OF RESTUDY (9)	IMPACT RATING (P, G, or E) (10)
Diagnosis of pneumococcal pneumonia	001	246	April 15/75	May 25/75	May 28/75	G	Nov. 25/75	Dec 4, 75	E*

*Description of actions taken and reasons for success attached

See Attachment I

MCE STUDY STATUS REPORT

ATTACHMENT I

Following the recommendations of the Physician Audit Committee, a continuing education program was held in conjunction with a nearby medical center. All medical staff identified as needing post-graduate courses were in attendance.

Upon re-audit, it was revealed that no instances of incorrect diagnosis were present. The same procedures and criteria used for the original study were applied for consistency purposes.

Because of the re-study findings, an excellent mark is given for "Impact."

ANSWER KEY EXPLANATION

CASE STUDY 1: HOSPITAL CLINICAL MCE

BQA FORM 135

COLUMNS	EXPLANATION - REFERENCE
1	The topic of the MCE study is as it appears on BQA 131 and BQA 133.
2	This number was previously assigned on BQA 131 and again reported on BQA 133.
3	Indicates the number assigned to the hospital.
4	Indicates the day, month and year the MCE study was started. Case study line 4.
5	Indicates the day, month and year on which it was expected that the MCE study would be completed through the point of recommended action or through the point that no action was necessary. Case study line 9.
6	Indicates the day, month and year on which the study was actually completed. Case study line 46.
7	A technical rating evaluates study performance, using such criteria as effective use of physician and staff time, and adequacy and validity of data collected. If a study received an *E rating, i.e. excellent, a description of the study protocol and criteria and standards used should be forwarded with the original BQA Form 131 to BQA. It was decided by the Audit Committee to assign a "G" technical rating to this study.
8	The day, month, and year when the first re-study of the MCE study will be completed. This should correspond to item #17 of the original study BQA Form 131. Case study lines 46 and 47.

COLUMNS	EXPLANATION - REFERENCE
9	If a re-study was recommended during the initial MCE study, the day, month, year on which the re-study was completed is entered. Case study line 52.
10	The impact rating is assigned by the hospital or PSRO responsible for conducting the re-study. It should evaluate the success of the corrective actions based on the determination of the re-study. Because this study received an E, excellent rating, the PSRO forwards a brief description of why the study was successful in effecting positive change. Case study lines 46 through 48 and Attachment I included with the BQA 135 support this rating.

4.3 Case Study #2: PSRO Sub-Area MCE

CASE STUDY 2: PSRO SUB-AREA MCE

Situation

PSRO #OCA99 conducted a sub-area audit on November 10, 1975. First, they conducted a five hour routine clerical audit of medical records of myocardial infarction in one PSRO area hospital. The study disclosed a death rate of 30% at one hospital while another hospital 30 miles away had a myocardial infarction death rate of only 15%. The PSRO Physician Audit Committee designed an MCE study in three hours. The Committee consisted of four physicians. They estimated completion of the MCE study for December 15, 1975.

A process audit of basic care for myocardial infarction patients was conducted jointly and simultaneously in both hospitals. One hundred selected myocardial infarction medical charts from the past two years' admissions were reviewed in 20 man-hours by the clerical staff. Process data on the basic care provided was recorded on a special form developed for abstracting. Data in all charts was adequate and accurate.

The Committee reviewed the data for three hours and learned that the second hospital had a strict policy that got suspected myocardial infarction patients into the coronary care unit and on monitors within a half-hour of admission. In the first hospital there was no firm rule, and some patients waited hours before being placed on monitors. In about half of the cases in this hospital the responsible physician had noted his request for a coronary care unit bed on

the chart. The remaining charts contained no mention of monitoring.

The Committee decided that a knowledge deficiency was attributable to both the medical staff as a whole (lack of knowledge of importance of early monitoring) and to the hospital (slow admission procedure for suspected myocardial infarction patients, too few coronary care unit beds, and no monitors in the emergency area).

The study was completed on December 4, 1975 and as a result of findings and two hours of full Physician Audit Committee discussion on appropriate corrective action, the following recommendations were made to the medical staff through the Hospital Medical Audit Committee. All hospitals in the PSRO sub-area were to arrange a special joint clinical conference on the importance of early monitoring. The Conference was conducted by hospital medical staffs. Also, staff physicians were advised to clearly indicate a request for a coronary care unit bed on the patient's chart within a half-hour of admission.

The Committee also recommended to the hospital administration of the high death rate hospital, changes in policy related to myocardial infarction patients. A suspected myocardial infarction patient was to be admitted to the coronary care unit and put on monitors within a half-hour of admission.

The Committee also recommended that the hospital add another five coronary care unit beds, and obtain monitors for the

emergency area. Re-study of the problem was to be conducted in three months (March 1, 1976) to determine whether improvement was made in the high death rate hospital. At the end of the quarter, the re-study was not initiated; however, it was still planned to be conducted.

The overall technical rating assigned to the original study by the Physician Audit Committee was "good".

CASE STUDY #2

ANSWER KEYS

Case Study 2: PSRO Sub-Area MCE

Bureau of Quality Assurance
Health Services Administration

MEDICAL CARE EVALUATION STUDY ABSTRACT

Office of Management and Budget Approval Number

HOSPITAL ID NO. 257,275

PSRO NAME Rockville

PSRO NO. OCA99

MCE STUDY BEGUN Month Nov. Year 1975

MCE STUDY COMPLETED THROUGH STEPS BELOW Month Dec. Year 1975

CONDUCTED BY: [X] PSRO [ ] DELEGATED HOSPITAL

MCE STUDY ID NO. 002

1. STUDY TOPIC (Write in) Process audit of basic care for myocardial infarction patients for 2 hospitals to identify reasons for differences in mortality rates.

2. METHOD FOR SELECTING STUDY (Check One)
- [ ] a. PROFILE ANALYSIS
- [ ] b. CONCURRENT REVIEW
- [ ] c. OTHER MCE STUDY
- [X] d. ANALYSIS OF MEDICAL RECORDS
- [ ] e. PERCEIVED NEED
- [ ] f. OTHER (Specify) _____

3. TOPIC CHARACTERISTIC (Check One)
- [ ] a. INCIDENCE/PREVALENCE
- [X] b. PREVENTABLE MORBIDITY/MORTALITY
- [ ] c. COST OF CARE
- [ ] d. OTHER (Specify) _____

4. HOSPITAL STUDY RESPONSIBILITY (Check One)
- [X] a. MEDICAL AUDIT COMMITTEE
- [ ] b. UR COMMITTEE
- [ ] c. SERVICE/DEPT. (Specify) _____
- [ ] d. OTHER (Specify) _____

5. NON-PHYSICIAN PARTICIPATION (Specify)

6. DERIVATION OF CRITERIA (Check One)
- [ ] a. SELF GENERATED
- [ ] b. NATIONAL ORGANIZATION
- [ ] c. OTHER PSRO(S)
- [ ] d. OTHER HOSPITAL(S)
- [ ] e. OTHER (Specify) _____

7. STUDY SITE (Check One)
- [ ] a. PSRO-WIDE
- [X] b. PSRO SUB-AREA (NO. HOSPITALS 2)
- [ ] c. INDIVIDUAL HOSPITAL
- [ ] d. SERVICE /DEPT. OF HOSP. (Specify) _____
- [ ] e. OTHER (Specify) _____

8. TYPE OF DATA COLLECTION (Check One)
- [X] a. RETROSPECTIVE
- [ ] b. CONCURRENT
- [ ] c. MIXED

9. SAMPLE CHARACTERISTICS
- a. NUMBER OF SUBJECTS 100
- b. POPULATION _____
- c. OTHER Charts randomly selected from past two years admissions.

10. DATA INSTRUMENT (Check One)
- [X] a. SPECIAL FORM
- [ ] b. ROUTINE FORM
- [ ] c. OTHER (Specify) _____

11. DATA QUALITY CONTROLS (Check all that apply)
- [X] a. VERIFIED
- [ ] b. VERIFIED - SOURCE INADEQUATE
- [ ] c. VERIFIED - DATA INACCURATE
- [ ] d. NONE
- [ ] e. OTHER (Specify) _____

12. DATA PROCESSING (Check One)
- [X] a. MANUAL
- [ ] b. EDP
- [ ] c. MIXED

EDP Cost: $ _____

13. FINDINGS (Check One)
- [ ] a. COMPLIANCE WITH STANDARDS (Go to item 20)
- b. VARIATION FROM STANDARDS
  - [ ] (1) VARIATION JUSTIFIED (Go to item 20)
  - [ ] (2) DEFICIENCY IDENTIFIED (Proceed with item 14)
  - [X] (3) MORE THAN ONE DEFICIENCY (Proceed with item 14, specify number 4)

Continued on reverse side

14. DEFICIENCY ANALYSIS (Check One)

- [x] a. KNOWLEDGE
- [ ] b. PERFORMANCE
- [ ] c. OTHER _____

15. ATTRIBUTION (Check all that apply)

- [x] a. ONE HOSPITAL
- [ ] b. MORE THAN ONE HOSPITAL (NO. ____)
- [ ] c. INDIVIDUAL PHYSICIAN
- [x] d. GROUP(S) OF PHYSICIANS
- [ ] e. NON-PHYSICIAN(S)
- [x] f. ADMINISTRATIVE
- [ ] g. FURTHER STUDY NEEDED
- [ ] h. OTHER _____

16. TYPE OF ACTION RECOMMENDED (Check all that apply and describe)

* [x] a. PRACTITIONER COUNSELLING Staff physicians advised to request a coronary unit bed on patient's chart within

b. EDUCATIONAL PROGRAM 1/2 hr. of admission.

- [x] (1) SINGLE HOSPITAL _____
- [x] (2) PSRO SUB-AREA Conducted jointly by hospital medical staffs.
- [ ] (3) PSRO-WIDE _____

[x] c. ADMINISTRATIVE CHANGE in policy as relates to myocardial infarction patients (see remarks section).

- [ ] d. CHANGE IN CONCURRENT REVIEW _____
- [ ] e. OTHER REVIEW MODIFICATION _____
- [ ] f. OTHER _____

17. ESTIMATED RE-STUDY DATE (mo/yr) March, 1976

18. IF EDUCATION IS RECOMMENDED, IS THERE LINKAGE WITH EXISTING CONTINUING MEDICAL EDUCATION ACTIVITIES?

- [ ] yes
- [x] no

IF YES, PLEASE DESCRIBE: _____

19. RESPONSIBILITY FOR ACTION (Check all that apply)

* [x] a. MEDICAL STAFF (COMMITTEE)

- [ ] b. HOSPITAL BOARD OF TRUSTEES
- [x] c. HOSPITAL ADMINISTRATION
- [ ] d. SERVICE/DEPT. (Specify) _____
- [ ] e. OTHER (Specify) _____

20. PERSON HOURS UTILIZED (Round to half hours)

MCE STUDY TASK	PHYSICIAN	OTHER
a. SELECTION AND DESIGN	12	5
b. SETTING CRITERIA AND STANDARDS		
c. DATA COLLECTION AND DISPLAY		20
d. INTERPRETATION AND ANALYSIS OF FINDINGS	20	
e. TOTAL	32	25

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

1. Audit revealed a death rate of 30% in one hospital and only 15% in another hospital.

6a. Criteria derived from superior procedures evident in the low death rate hospita
13 b. Four deficiencies found: (1) Lack of knowledge by Medical Staff on importance of early monitoring (major deficiency), (2) Hospital had slow admission procedure for suspected myocardial infarction patients, (3) Hospital has no monitors in the emergency area. (4) Hospital has too few coronary care unit beds.

RESERVED FOR PROCESSING CONTROL

PSRO NO. OCA99

Additional Explanatory Remarks (Cont.)

15a. Group(s) of physicians include the medical staff as a whole.

16c. Patients must be admitted to coronary care unit and put on monitors within one half hour after admission. Hospital must add 5 coronary care unit beds and obtain monitors for the emergency area.

ANSWER KEY EXPLANATION

CASE STUDY 2: PSRO SUB-AREA MCE

BQA FORM 131

ITEM	EXPLANATION - REFERENCE
1	The study topic, with explanation, was identified by a process audit, for patients admitted to two particular hospitals with the diagnosis of myocardial infarction. Case study lines 1 through 10.
2	The topic for study was selected through a routine audit of medical records. Case study line 2.
3	This MCE case study originated because of significantly different myocardial infarction death rates for two hospitals within the PSRO area. The study was designed to detect if this high death rate was preventable. Case study lines 1 through 10.
4	The group <u>within</u> the hospital(s) primarily responsible for the study activity is identified as the hospitals' Medical Audit Committee.
5	No non-physician, health care practitioners participated in the design of the study, development of criteria or interpretation and analysis of findings.
6	D. "Other hospital" was checked because procedures of the low death rate hospital were used as the basis for assessing comparative care at the other hospital. Case study lines 16 through 21.
7	This study was conducted at two hospital sites, thus it is considered a sub-area study with two hospitals involved. Case study lines 9 and 10.
8	Data for this study was collected from the charts of patients admitted over the past two years, thus the study process was retrospective review. Case study lines 10, 11 and 12.

ITEM	EXPLANATION - REFERENCE
9	The sample is defined in this item as 9.a. number of subjects, 100 and 9.c. - charts randomly selected from the past two years' records. Case study lines 10, 11 and 12.
10	The data form used to record the information necessary for the study was designed especially for the MCE. Case study lines 13 and 14.
11	The data for this study was checked during the process data audit by the clerical staff. "Verified" was checked because data necessary for the study was found in the source documents and it was accurate. Case study lines 14 and 15.
12	The processing of the data necessary to prepare it for MCE study purposes was done manually. Case study lines 10 through 14.
13	In terms of results, i.e. findings of the PSRO Physician Audit Committee, there was variation from the standards adopted by the committee for the purposes of this study. Therefore, item 13.b.(3) is checked and explanation of this item given in the additional space provided for explanatory remarks. Reference in the case study as to findings is made throughout beginning on line 16.
14	The factor that was determined to be the primary cause of the deficiency was the lack of knowledge by the medical staff on importance of early monitoring, thus "Knowledge" is checked. Case study lines 24 and 25.
15	The group or groups to which the major deficiency is attributed include 15.a. one hospital, out of the two hospitals studied; 15.d. group of physicians; and 15.f. the administration (found to be remiss concerning the admission procedures for suspected myocardial infarction patients and availability of appropriate facilities and equipment). Case study lines 24 through 28.

ITEM	EXPLANATION - REFERENCE
16	The actions recommended by the Physician Committee included: 16.a. practitioner counseling on the importance of early monitoring, by requesting a coronary unit bed within 1/2 hour of admission. This item is asterisked (*) because this action was recommended to correct the major deficiency. Also 16.b. (2) a special joint clinical conference on the importance of early monitoring and 16.c. changes in policy as it related to myocardial infarction patients were checked. Case study lines 33 through 46.
17	The date estimated for the completion of the re-study was March, 1976. Case study line 47.
18	Because the educational activity recommended by the Committee was a special joint clinicial conference rather than a link-up with an organized, existing, continuing medical education program, the "No" box was checked. Case study lines 33 and 36.
19	The groups responsible for implementing and carrying out the recommended actions are checked as both 19.a. the Medical Staff and 19.c. the Hospital Administration. The (a) Medical Staff is asterisked (*) because it was determined to be the group responsible for implementing action related to the major deficiency. Case study lines 31 through 43.

ITEM	EXPLANATION - REFERENCE		
20	Determination of Person Hours Utilized Determined by:		
	MCE Study Task	Physicians	Other
	a. Selection & Design	(4 physicians x 3 hrs.) case study lines 5 and 6	(One clerical auditor x 1 hr.) case study lines 2 and 3
	b. Setting Criteria and Standards	Criteria designed from superior procedures evident in low death rate hospital	
	c. Data Collection and Display		(1 clerical staff x 20 hrs.) case study lines 9, 10, and 11
	d. Interpretation and Analysis of Findings	(4 physicians x 3 hrs.) case study lines 14 plus (4 physicians x 2 hrs.) case study line 30	
	e. Total	Sum of Hours For MCE Study	

Case Study 2: PSRO Sub-Area MCE

☒ PSRO
☐ Non-Delegated Hospitals
☐ Delegated Hospitals

Bureau of Quality Assurance
Health Services Administration

MCE STUDY STATUS REPORT

Office of Management and Budget Approval Number

PSRO NAME: Rockville | PSRO NO.: OCA99

REPORTING PERIOD: DATES FROM Month 10 Year 1975 TO Month 01 Year 76 | PAGE 2 OF 2

MCE STUDY TOPIC (1)	STUDY ID NO. (2)	HOSPITAL ID (3)	MCE STUDY THROUGH RECOMMENDED ACTIONS: DATE STARTED (4)	ESTIMATED COMPLETION DATE (5)	ACTUAL COMPLETION DATE (6)	TECHNICAL RATING (P, G, or E) (7)	RESTUDY: ESTIMATED DATE OF RESTUDY (8)	ACTUAL DATE OF RESTUDY (9)	IMPACT RATING (P, G, or E) (10)
Myocardial Infarction-Basic Care.	002	257,275	Nov 10/75	Dec. 15/75	Dec 4/75	G	March 1/76	----	----

BQA 135 4/75

ANSWER KEY EXPLANATION

CASE STUDY 2: PSRO SUB-AREA MCE

BQA FORM 135

COLUMNS	EXPLANATION - REFERENCE
1	The study topic is essentially as it appeared on the BQA 131.
2	The study ID number, assigned on the BQA 131, (in this case 002) is recorded.
3	The participating hospital identification numbers.
4	The day, month, and year that the MCE study was started. Case study line 1.
5	Reports the day, month and year on which it was expected that the MCE study is to be completed through the point of recommended action or through the point that no action was necessary. Case study line 8.
6	The day, month and year on which the study was actually completed. Case study line 29.
7	The technical rating evaluates the success of the initial steps based on the MCE study performance, using criteria such as effective use of physician time, efficient study protocols, etc. In this case study the PSRO Physician Audit Committee decided on a "G" good rating. Case study lines 50 to 52.
8	Column #8 asks for the estimated day of restudy, i.e., when the restudy will be completed. It is appropriate to complete this column after the initial steps of the MCE study have been performed and a re-study date assigned. This date should correspond to that which is reported on BQA 131 item #17. Case study line 47.

COLUMNS	EXPLANATION - REFERENCE
9	At the end of this reporting period, the re-study had been scheduled but not performed, thus this column is not filled in.
10	This rating is based on re-study results, and therefore is not assigned.

BQA 131

FORMS FOR COMPLETING

MCE CASE STUDIES

Bureau of Quality Assurance
Health Services Administration

MEDICAL CARE EVALUATION STUDY ABSTRACT

Office of Management and Budget Approval Number	HOSPITAL ID NO.
PSRO NAME	PSRO NO.
MCE STUDY BEGUN Month Year	MCE STUDY COMPLETED THROUGH STEPS BELOW Month Year
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL	MCE STUDY ID NO.

1. STUDY TOPIC _____ (Write in)

_____

2. METHOD FOR SELECTING STUDY (Check One)
   - ☐ a. PROFILE ANALYSIS
   - ☐ b. CONCURRENT REVIEW
   - ☐ c. OTHER MCE STUDY
   - ☐ d. ANALYSIS OF MEDICAL RECORDS
   - ☐ e. PERCEIVED NEED
   - ☐ f. OTHER (Specify) _____

3. TOPIC CHARACTERISTIC (Check One)
   - ☐ a. INCIDENCE/PREVALENCE
   - ☐ b. PREVENTABLE MORBIDITY/MORTALITY
   - ☐ c. COST OF CARE
   - ☐ d. OTHER (Specify) _____

_____

4. HOSPITAL STUDY RESPONSIBILITY (Check One)
   - ☐ a. MEDICAL AUDIT COMMITTEE
   - ☐ b. UR COMMITTEE
   - ☐ c. SERVICE/DEPT. (Specify) _____
   - ☐ d. OTHER (Specify) _____

5. NON-PHYSICIAN PARTICIPATION (Specify)

_____

_____

_____

_____

6. DERIVATION OF CRITERIA (Check One)
   - ☐ a. SELF GENERATED
   - ☐ b. NATIONAL ORGANIZATION
   - ☐ c. OTHER PSRO(S)
   - ☐ d. OTHER HOSPITAL(S)
   - ☐ e. OTHER (Specify) _____

7. STUDY SITE (Check One)
   - ☐ a. PSRO-WIDE
   - ☐ b. PSRO SUB-AREA (NO. HOSPITALS _____)
   - ☐ c. INDIVIDUAL HOSPITAL
   - ☐ d. SERVICE /DEPT. OF HOSP. (Specify) _____
   - ☐ e. OTHER (Specify) _____

8. TYPE OF DATA COLLECTION (Check One)
   - ☐ a. RETROSPECTIVE
   - ☐ b. CONCURRENT
   - ☐ c. MIXED

9. SAMPLE CHARACTERISTICS
   - a. NUMBER OF SUBJECTS _____
   - b. POPULATION _____
   - c. OTHER _____

10. DATA INSTRUMENT (Check One)
    - ☐ a. SPECIAL FORM
    - ☐ b. ROUTINE FORM
    - ☐ c. OTHER (Specify) _____

11. DATA QUALITY CONTROLS (Check all that apply)
    - ☐ a. VERIFIED
    - ☐ b. VERIFIED - SOURCE INADEQUATE
    - ☐ c. VERIFIED - DATA INACCURATE
    - ☐ d. NONE
    - ☐ e. OTHER (Specify) _____

12. DATA PROCESSING (Check One)
    - ☐ a. MANUAL
    - ☐ b. EDP
    - ☐ c. MIXED

    EDP Cost: $ _____

13. FINDINGS (Check One)
    - ☐ a. COMPLIANCE WITH STANDARDS (Go to item 20)
    - b. VARIATION FROM STANDARDS
      - ☐ (1) VARIATION JUSTIFIED (Go to item 20)
      - ☐ (2) DEFICIENCY IDENTIFIED (Proceed with item 14)
      - ☐ (3) MORE THAN ONE DEFICIENCY (Proceed with item 14, specify number _____)

Continued on reverse side

14. DEFICIENCY ANALYSIS (Check One)
- ☐ a. KNOWLEDGE
- ☐ b. PERFORMANCE
- ☐ c. OTHER _____

15. ATTRIBUTION (Check all that apply)
- ☐ a. ONE HOSPITAL
- ☐ b. MORE THAN ONE HOSPITAL (NO. ____)
- ☐ c. INDIVIDUAL PHYSICIAN
- ☐ d. GROUP(S) OF PHYSICIANS
- ☐ a. NON-PHYSICIAN(S)
- ☐ f. ADMINISTRATIVE
- ☐ g. FURTHER STUDY NEEDED
- ☐ h. OTHER _____

16. TYPE OF ACTION RECOMMENDED (Check all that apply and describe)
- ☐ a. PRACTITIONER COUNSELLING _____
- b. EDUCATIONAL PROGRAM
  - ☐ (1) SINGLE HOSPITAL _____
  - ☐ (2) PSRO SUB-AREA _____
  - ☐ (3) PSRO - WIDE _____
- ☐ c. ADMINISTRATIVE CHANGE _____
- ☐ d. CHANGE IN CONCURRENT REVIEW _____
- ☐ a. OTHER REVIEW MODIFICATION _____
- ☐ f. OTHER _____

17. ESTIMATED RE-STUDY DATE (mo/yr) _____

18. IF EDUCATION IS RECOMMENDED, IS THERE LINKAGE WITH EXISTING CONTINUING MEDICAL EDUCATION ACTIVITIES?
☐ yes ☐ no

IF YES, PLEASE DESCRIBE: _____

19. RESPONSIBILITY FOR ACTION (Check all that apply)
- ☐ a. MEDICAL STAFF (COMMITTEE)
- ☐ b. HOSPITAL BOARD OF TRUSTEES
- ☐ c. HOSPITAL ADMINISTRATION
- ☐ d. SERVICE/DEPT. (Specify) _____
- ☐ a. OTHER (Specify) _____

20. PERSON HOURS UTILIZED (Round to half hours)

MCE STUDY TASK	PHYSICIAN	OTHER
a. SELECTION AND DESIGN		
b. SETTING CRITERIA AND STANDARDS		
c. DATA COLLECTION AND DISPLAY		
d. INTERPRETATION AND ANALYSIS OF FINDINGS		
e. TOTAL		

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

MEDICAL CARE EVALUATION STUDY ABSTRACT

Office of Management and Budget Approval Number

HOSPITAL ID NO.

PSRO NAME

PSRO NO.

MCE STUDY BEGUN Month Year

MCE STUDY COMPLETED THROUGH STEPS BELOW Month Year

CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL

MCE STUDY ID NO.

1. STUDY TOPIC (Write in) _____

2. METHOD FOR SELECTING STUDY (Check One)
   - ☐ a. PROFILE ANALYSIS
   - ☐ b. CONCURRENT REVIEW
   - ☐ c. OTHER MCE STUDY
   - ☐ d. ANALYSIS OF MEDICAL RECORDS
   - ☐ e. PERCEIVED NEED
   - ☐ f. OTHER (Specify) _____

3. TOPIC CHARACTERISTIC (Check One)
   - ☐ a. INCIDENCE/PREVALENCE
   - ☐ b. PREVENTABLE MORBIDITY/MORTALITY
   - ☐ c. COST OF CARE
   - ☐ d. OTHER (Specify) _____

4. HOSPITAL STUDY RESPONSIBILITY (Check One)
   - ☐ a. MEDICAL AUDIT COMMITTEE
   - ☐ b. UR COMMITTEE
   - ☐ c. SERVICE/DEPT. (Specify) _____
   - ☐ d. OTHER (Specify) _____

5. NON-PHYSICIAN PARTICIPATION (Specify)

6. DERIVATION OF CRITERIA (Check One)
   - ☐ a. SELF GENERATED
   - ☐ b. NATIONAL ORGANIZATION
   - ☐ c. OTHER PSRO(S)
   - ☐ d. OTHER HOSPITAL(S)
   - ☐ e. OTHER (Specify) _____

7. STUDY SITE (Check One)
   - ☐ a. PSRO-WIDE
   - ☐ b. PSRO SUB-AREA (NO. HOSPITALS _____)
   - ☐ c. INDIVIDUAL HOSPITAL
   - ☐ d. SERVICE /DEPT. OF HOSP. (Specify) _____
   - ☐ e. OTHER (Specify) _____

8. TYPE OF DATA COLLECTION (Check One)
   - ☐ a. RETROSPECTIVE
   - ☐ b. CONCURRENT
   - ☐ c. MIXED

9. SAMPLE CHARACTERISTICS
   - a. NUMBER OF SUBJECTS _____
   - b. POPULATION _____
   - c. OTHER _____

10. DATA INSTRUMENT (Check One)
    - ☐ a. SPECIAL FORM
    - ☐ b. ROUTINE FORM
    - ☐ c. OTHER (Specify) _____

11. DATA QUALITY CONTROLS (Check all that apply)
    - ☐ a. VERIFIED
    - ☐ b. VERIFIED - SOURCE INADEQUATE
    - ☐ c. VERIFIED - DATA INACCURATE
    - ☐ d. NONE
    - ☐ e. OTHER (Specify) _____

12. DATA PROCESSING (Check One)
    - ☐ a. MANUAL
    - ☐ b. EDP
    - ☐ c. MIXED

    EDP Cost: $ _____

13. FINDINGS (Check One)
    - ☐ a. COMPLIANCE WITH STANDARDS (Go to item 20)
    - b. VARIATION FROM STANDARDS
      - ☐ (1) VARIATION JUSTIFIED (Go to item 20)
      - ☐ (2) DEFICIENCY IDENTIFIED (Proceed with item 14)
      - ☐ (3) MORE THAN ONE DEFICIENCY (Proceed with item 14, specify number _____)

Continued on reverse side

14. DEFICIENCY ANALYSIS (Check One)
- ☐ a. KNOWLEDGE
- ☐ b. PERFORMANCE
- ☐ c. OTHER _____

15. ATTRIBUTION (Check all that apply)
- ☐ a. ONE HOSPITAL
- ☐ b. MORE THAN ONE HOSPITAL (NO. _____)
- ☐ c. INDIVIDUAL PHYSICIAN
- ☐ d. GROUP(S) OF PHYSICIANS
- ☐ e. NON-PHYSICIAN(S)
- ☐ f. ADMINISTRATIVE
- ☐ g. FURTHER STUDY NEEDED
- ☐ h. OTHER _____

16. TYPE OF ACTION RECOMMENDED (Check all that apply and describe)
- ☐ a. PRACTITIONER COUNSELLING _____
- b. EDUCATIONAL PROGRAM
  - ☐ (1) SINGLE HOSPITAL _____
  - ☐ (2) PSRO SUB-AREA _____
  - ☐ (3) PSRO - WIDE _____
- ☐ c. ADMINISTRATIVE CHANGE _____
- ☐ d. CHANGE IN CONCURRENT REVIEW _____
- ☐ e. OTHER REVIEW MODIFICATION _____
- ☐ f. OTHER _____

17. ESTIMATED RE-STUDY DATE (mo/yr) _____

18. IF EDUCATION IS RECOMMENDED, IS THERE LINKAGE WITH EXISTING CONTINUING MEDICAL EDUCATION ACTIVITIES?
☐ yes ☐ no

IF YES, PLEASE DESCRIBE: _____

19. RESPONSIBILITY FOR ACTION (Check all that apply)
- ☐ a. MEDICAL STAFF (COMMITTEE)
- ☐ b. HOSPITAL BOARD OF TRUSTEES
- ☐ c. HOSPITAL ADMINISTRATION
- ☐ d. SERVICE/DEPT. (Specify) _____
- ☐ a. OTHER (Specify) _____

20. PERSON HOURS UTILIZED (Round to half hours)

MCE STUDY TASK	PHYSICIAN	OTHER
a. SELECTION AND DESIGN		
b. SETTING CRITERIA AND STANDARDS		
c. DATA COLLECTION AND DISPLAY		
d. INTERPRETATION AND ANALYSIS OF FINDINGS		
a. TOTAL		

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

MEDICAL CARE EVALUATION STUDY ABSTRACT

Office of Management and Budget Approval Number	HOSPITAL ID NO.
PSRO NAME	PSRO NO.
MCE STUDY BEGUN Month Year	MCE STUDY COMPLETED THROUGH STEPS BELOW Month Year
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL	MCE STUDY ID NO.

1. STUDY TOPIC _____ (Write in)

2. METHOD FOR SELECTING STUDY (Check One)
   - ☐ a. PROFILE ANALYSIS
   - ☐ b. CONCURRENT REVIEW
   - ☐ c. OTHER MCE STUDY
   - ☐ d. ANALYSIS OF MEDICAL RECORDS
   - ☐ e. PERCEIVED NEED
   - ☐ f. OTHER (Specify) _____

3. TOPIC CHARACTERISTIC (Check One)
   - ☐ a. INCIDENCE/PREVALENCE
   - ☐ b. PREVENTABLE MORBIDITY/MORTALITY
   - ☐ c. COST OF CARE
   - ☐ d. OTHER (Specify) _____

4. HOSPITAL STUDY RESPONSIBILITY (Check One)
   - ☐ a. MEDICAL AUDIT COMMITTEE
   - ☐ b. UR COMMITTEE
   - ☐ c. SERVICE/DEPT. (Specify) _____
   - ☐ d. OTHER (Specify) _____

5. NON-PHYSICIAN PARTICIPATION (Specify)

6. DERIVATION OF CRITERIA (Check One)
   - ☐ a. SELF GENERATED
   - ☐ b. NATIONAL ORGANIZATION
   - ☐ c. OTHER PSRO(S)
   - ☐ d. OTHER HOSPITAL(S)
   - ☐ e. OTHER (Specify) _____

7. STUDY SITE (Check One)
   - ☐ a. PSRO-WIDE
   - ☐ b. PSRO SUB-AREA (NO. HOSPITALS _____)
   - ☐ c. INDIVIDUAL HOSPITAL
   - ☐ d. SERVICE /DEPT. OF HOSP. (Specify) _____
   - ☐ e. OTHER (Specify) _____

8. TYPE OF DATA COLLECTION (Check One)
   - ☐ a. RETROSPECTIVE
   - ☐ b. CONCURRENT
   - ☐ c. MIXED

9. SAMPLE CHARACTERISTICS
   - a. NUMBER OF SUBJECTS _____
   - b. POPULATION _____
   - c. OTHER _____

10. DATA INSTRUMENT (Check One)
    - ☐ a. SPECIAL FORM
    - ☐ b. ROUTINE FORM
    - ☐ c. OTHER (Specify) _____

11. DATA QUALITY CONTROLS (Check all that apply)
    - ☐ a. VERIFIED
    - ☐ b. VERIFIED - SOURCE INADEQUATE
    - ☐ c. VERIFIED - DATA INACCURATE
    - ☐ d. NONE
    - ☐ e. OTHER (Specify) _____

12. DATA PROCESSING (Check One)
    - ☐ a. MANUAL
    - ☐ b. EDP
    - ☐ c. MIXED

    EDP Cost: $ _____

13. FINDINGS (Check One)
    - ☐ a. COMPLIANCE WITH STANDARDS (Go to item 20)
    - b. VARIATION FROM STANDARDS
      - ☐ (1) VARIATION JUSTIFIED (Go to item 20)
      - ☐ (2) DEFICIENCY IDENTIFIED (Proceed with item 14)
      - ☐ (3) MORE THAN ONE DEFICIENCY (Proceed with item 14, specify number _____)

Continued on reverse side

14. DEFICIENCY ANALYSIS (Check One)
- ☐ a. KNOWLEDGE
- ☐ b. PERFORMANCE
- ☐ c. OTHER _____

15. ATTRIBUTION (Check all that apply)
- ☐ a. ONE HOSPITAL
- ☐ b. MORE THAN ONE HOSPITAL (NO. ____)
- ☐ c. INDIVIDUAL PHYSICIAN
- ☐ d. GROUP(S) OF PHYSICIANS
- ☐ e. NON-PHYSICIAN(S)
- ☐ f. ADMINISTRATIVE
- ☐ g. FURTHER STUDY NEEDED
- ☐ h. OTHER _____

16. TYPE OF ACTION RECOMMENDED (Check all that apply and describe)
- ☐ a. PRACTITIONER COUNSELLING _____
- b. EDUCATIONAL PROGRAM
  - ☐ (1) SINGLE HOSPITAL _____
  - ☐ (2) PSRO SUB-AREA _____
  - ☐ (3) PSRO - WIDE _____
- ☐ c. ADMINISTRATIVE CHANGE _____
- ☐ d. CHANGE IN CONCURRENT REVIEW _____
- ☐ e. OTHER REVIEW MODIFICATION _____
- ☐ f. OTHER _____

17. ESTIMATED RE-STUDY DATE (mo/yr) _____

18. IF EDUCATION IS RECOMMENDED, IS THERE LINKAGE WITH EXISTING CONTINUING MEDICAL EDUCATION ACTIVITIES?
☐ yes ☐ no

IF YES, PLEASE DESCRIBE: _____

19. RESPONSIBILITY FOR ACTION (Check all that apply)
- ☐ a. MEDICAL STAFF (COMMITTEE)
- ☐ b. HOSPITAL BOARD OF TRUSTEES
- ☐ c. HOSPITAL ADMINISTRATION
- ☐ d. SERVICE/DEPT. (Specify) _____
- ☐ e. OTHER (Specify) _____

20. PERSON HOURS UTILIZED (Round to half hours)

MCE STUDY TASK	PHYSICIAN	OTHER
a. SELECTION AND DESIGN		
b. SETTING CRITERIA AND STANDARDS		
c. DATA COLLECTION AND DISPLAY		
d. INTERPRETATION AND ANALYSIS OF FINDINGS		
a. TOTAL		

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

MEDICAL CARE EVALUATION STUDY ABSTRACT

Office of Management and Budget Approval Number		HOSPITAL ID NO.
PSRO NAME		PSRO NO.
MCE STUDY BEGUN Month Year	MCE STUDY COMPLETED THROUGH STEPS BELOW Month Year	
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL		MCE STUDY ID NO.

1. STUDY TOPIC _____ (Write in)

_____

2. METHOD FOR SELECTING STUDY (Check One)
   - ☐ a. PROFILE ANALYSIS
   - ☐ b. CONCURRENT REVIEW
   - ☐ c. OTHER MCE STUDY
   - ☐ d. ANALYSIS OF MEDICAL RECORDS
   - ☐ e. PERCEIVED NEED
   - ☐ f. OTHER (Specify) _____

3. TOPIC CHARACTERISTIC (Check One)
   - ☐ a. INCIDENCE/PREVALENCE
   - ☐ b. PREVENTABLE MORBIDITY/MORTALITY
   - ☐ c. COST OF CARE
   - ☐ d. OTHER (Specify) _____

_____

4. HOSPITAL STUDY RESPONSIBILITY (Check One)
   - ☐ a. MEDICAL AUDIT COMMITTEE
   - ☐ b. UR COMMITTEE
   - ☐ c. SERVICE/DEPT. (Specify) _____
   - ☐ d. OTHER (Specify) _____

5. NON-PHYSICIAN PARTICIPATION (Specify)

_____

_____

_____

_____

6. DERIVATION OF CRITERIA (Check One)
   - ☐ a. SELF GENERATED
   - ☐ b. NATIONAL ORGANIZATION
   - ☐ c. OTHER PSRO(S)
   - ☐ d. OTHER HOSPITAL(S)
   - ☐ e. OTHER (Specify) _____

7. STUDY SITE (Check One)
   - ☐ a. PSRO-WIDE
   - ☐ b. PSRO SUB-AREA (NO. HOSPITALS _____)
   - ☐ c. INDIVIDUAL HOSPITAL
   - ☐ d. SERVICE /DEPT. OF HOSP. (Specify) _____
   - ☐ e. OTHER (Specify) _____

8. TYPE OF DATA COLLECTION (Check One)
   - ☐ a. RETROSPECTIVE
   - ☐ b. CONCURRENT
   - ☐ c. MIXED

9. SAMPLE CHARACTERISTICS
   - a. NUMBER OF SUBJECTS _____
   - b. POPULATION _____
   - c. OTHER _____

10. DATA INSTRUMENT (Check One)
    - ☐ a. SPECIAL FORM
    - ☐ b. ROUTINE FORM
    - ☐ c. OTHER (Specify) _____

11. DATA QUALITY CONTROLS (Check all that apply)
    - ☐ a. VERIFIED
    - ☐ b. VERIFIED - SOURCE INADEQUATE
    - ☐ c. VERIFIED - DATA INACCURATE
    - ☐ d. NONE
    - ☐ e. OTHER (Specify) _____

12. DATA PROCESSING (Check One)
    - ☐ a. MANUAL
    - ☐ b. EDP
    - ☐ c. MIXED

    EDP Cost: $ _____

13. FINDINGS (Check One)
    - ☐ a. COMPLIANCE WITH STANDARDS (Go to item 20)
    - b. VARIATION FROM STANDARDS
      - ☐ (1) VARIATION JUSTIFIED (Go to item 20)
      - ☐ (2) DEFICIENCY IDENTIFIED (Proceed with item 14)
      - ☐ (3) MORE THAN ONE DEFICIENCY (Proceed with item 14, specify number _____)

Continued on reverse side

14. DEFICIENCY ANALYSIS (Check One)
- ☐ a. KNOWLEDGE
- ☐ b. PERFORMANCE
- ☐ c. OTHER _____

15. ATTRIBUTION (Check all that apply)
- ☐ a. ONE HOSPITAL
- ☐ b. MORE THAN ONE HOSPITAL (NO. ____)
- ☐ c. INDIVIDUAL PHYSICIAN
- ☐ d. GROUP(S) OF PHYSICIANS
- ☐ e. NON-PHYSICIAN(S)
- ☐ f. ADMINISTRATIVE
- ☐ g. FURTHER STUDY NEEDED
- ☐ h. OTHER _____

16. TYPE OF ACTION RECOMMENDED (Check all that apply and describe)
- ☐ a. PRACTITIONER COUNSELLING _____
- b. EDUCATIONAL PROGRAM
  - ☐ (1) SINGLE HOSPITAL _____
  - ☐ (2) PSRO SUB-AREA _____
  - ☐ (3) PSRO - WIDE _____
- ☐ c. ADMINISTRATIVE CHANGE _____
- ☐ d. CHANGE IN CONCURRENT REVIEW _____
- ☐ e. OTHER REVIEW MODIFICATION _____
- ☐ f. OTHER _____

17. ESTIMATED RE-STUDY DATE (mo/yr) _____

18. IF EDUCATION IS RECOMMENDED, IS THERE LINKAGE WITH EXISTING CONTINUING MEDICAL EDUCATION ACTIVITIES?
☐ yes ☐ no

IF YES, PLEASE DESCRIBE: _____

19. RESPONSIBILITY FOR ACTION (Check all that apply)
- ☐ a. MEDICAL STAFF (COMMITTEE)
- ☐ b. HOSPITAL BOARD OF TRUSTEES
- ☐ c. HOSPITAL ADMINISTRATION
- ☐ d. SERVICE/DEPT. (Specify) _____
- ☐ e. OTHER (Specify) _____

20. PERSON HOURS UTILIZED (Round to half hours)

MCE STUDY TASK	PHYSICIAN	OTHER
a. SELECTION AND DESIGN		
b. SETTING CRITERIA AND STANDARDS		
c. DATA COLLECTION AND DISPLAY		
d. INTERPRETATION AND ANALYSIS OF FINDINGS		
e. TOTAL		

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

MEDICAL CARE EVALUATION STUDY ABSTRACT

Office of Management and Budget Approval Number

HOSPITAL ID NO.

PSRO NAME

PSRO NO.

MCE STUDY BEGUN Month Year

MCE STUDY COMPLETED THROUGH STEPS BELOW Month Year

CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL

MCE STUDY ID NO.

1. STUDY TOPIC _____ (Write in)

2. METHOD FOR SELECTING STUDY (Check One)
   - ☐ a. PROFILE ANALYSIS
   - ☐ b. CONCURRENT REVIEW
   - ☐ c. OTHER MCE STUDY
   - ☐ d. ANALYSIS OF MEDICAL RECORDS
   - ☐ e. PERCEIVED NEED
   - ☐ f. OTHER (Specify) _____

3. TOPIC CHARACTERISTIC (Check One)
   - ☐ a. INCIDENCE/PREVALENCE
   - ☐ b. PREVENTABLE MORBIDITY/MORTALITY
   - ☐ c. COST OF CARE
   - ☐ d. OTHER (Specify) _____

4. HOSPITAL STUDY RESPONSIBILITY (Check One)
   - ☐ a. MEDICAL AUDIT COMMITTEE
   - ☐ b. UR COMMITTEE
   - ☐ c. SERVICE/DEPT. (Specify) _____
   - ☐ d. OTHER (Specify) _____

5. NON-PHYSICIAN PARTICIPATION (Specify)

6. DERIVATION OF CRITERIA (Check One)
   - ☐ a. SELF GENERATED
   - ☐ b. NATIONAL ORGANIZATION
   - ☐ c. OTHER PSRO(S)
   - ☐ d. OTHER HOSPITAL(S)
   - ☐ e. OTHER (Specify) _____

7. STUDY SITE (Check One)
   - ☐ a. PSRO-WIDE
   - ☐ b. PSRO SUB-AREA (NO. HOSPITALS _____)
   - ☐ c. INDIVIDUAL HOSPITAL
   - ☐ d. SERVICE /DEPT. OF HOSP. (Specify) _____
   - ☐ e. OTHER (Specify) _____

8. TYPE OF DATA COLLECTION (Check One)
   - ☐ a. RETROSPECTIVE
   - ☐ b. CONCURRENT
   - ☐ c. MIXED

9. SAMPLE CHARACTERISTICS
   - a. NUMBER OF SUBJECTS _____
   - b. POPULATION _____
   - c. OTHER _____

10. DATA INSTRUMENT (Check One)
    - ☐ a. SPECIAL FORM
    - ☐ b. ROUTINE FORM
    - ☐ c. OTHER (Specify) _____

11. DATA QUALITY CONTROLS (Check all that apply)
    - ☐ a. VERIFIED
    - ☐ b. VERIFIED - SOURCE INADEQUATE
    - ☐ c. VERIFIED - DATA INACCURATE
    - ☐ d. NONE
    - ☐ e. OTHER (Specify) _____

12. DATA PROCESSING (Check One)
    - ☐ a. MANUAL
    - ☐ b. EDP
    - ☐ c. MIXED

    EDP Cost: $ _____

13. FINDINGS (Check One)
    - ☐ a. COMPLIANCE WITH STANDARDS (Go to item 20)
    - b. VARIATION FROM STANDARDS
      - ☐ (1) VARIATION JUSTIFIED (Go to item 20)
      - ☐ (2) DEFICIENCY IDENTIFIED (Proceed with item 14)
      - ☐ (3) MORE THAN ONE DEFICIENCY (Proceed with item 14, specify number _____)

Continued on reverse side

14. DEFICIENCY ANALYSIS (Check One)
- ☐ a. KNOWLEDGE
- ☐ b. PERFORMANCE
- ☐ c. OTHER _____

15. ATTRIBUTION (Check all that apply)
- ☐ a. ONE HOSPITAL
- ☐ b. MORE THAN ONE HOSPITAL (NO. ____)
- ☐ c. INDIVIDUAL PHYSICIAN
- ☐ d. GROUP(S) OF PHYSICIANS
- ☐ e. NON-PHYSICIAN(S)
- ☐ f. ADMINISTRATIVE
- ☐ g. FURTHER STUDY NEEDED
- ☐ h. OTHER _____

16. TYPE OF ACTION RECOMMENDED (Check all that apply and describe)
- ☐ a. PRACTITIONER COUNSELLING _____
- b. EDUCATIONAL PROGRAM
  - ☐ (1) SINGLE HOSPITAL _____
  - ☐ (2) PSRO SUB-AREA _____
  - ☐ (3) PSRO - WIDE _____
- ☐ c. ADMINISTRATIVE CHANGE _____
- ☐ d. CHANGE IN CONCURRENT REVIEW _____
- ☐ e. OTHER REVIEW MODIFICATION _____
- ☐ f. OTHER _____

17. ESTIMATED RE-STUDY DATE (mo/yr) _____

18. IF EDUCATION IS RECOMMENDED, IS THERE LINKAGE WITH EXISTING CONTINUING MEDICAL EDUCATION ACTIVITIES?
☐ yes ☐ no

IF YES, PLEASE DESCRIBE: _____

19. RESPONSIBILITY FOR ACTION (Check all that apply)
- ☐ a. MEDICAL STAFF (COMMITTEE)
- ☐ b. HOSPITAL BOARD OF TRUSTEES
- ☐ c. HOSPITAL ADMINISTRATION
- ☐ d. SERVICE/DEPT. (Specify) _____
- ☐ e. OTHER (Specify) _____

20. PERSON HOURS UTILIZED (Round to half hours)

MCE STUDY TASK	PHYSICIAN	OTHER
a. SELECTION AND DESIGN		
b. SETTING CRITERIA AND STANDARDS		
c. DATA COLLECTION AND DISPLAY		
d. INTERPRETATION AND ANALYSIS OF FINDINGS		
e. TOTAL		

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

MEDICAL CARE EVALUATION STUDY ABSTRACT

Office of Management and Budget Approval Number	HOSPITAL ID NO.
PSRO NAME	PSRO NO.
MCE STUDY BEGUN Month Year	MCE STUDY COMPLETED THROUGH STEPS BELOW Month Year
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL	MCE STUDY ID NO.

1. STUDY TOPIC _____ (Write in)

_____

2. METHOD FOR SELECTING STUDY (Check One)
   - ☐ a. PROFILE ANALYSIS
   - ☐ b. CONCURRENT REVIEW
   - ☐ c. OTHER MCE STUDY
   - ☐ d. ANALYSIS OF MEDICAL RECORDS
   - ☐ e. PERCEIVED NEED
   - ☐ f. OTHER (Specify) _____

3. TOPIC CHARACTERISTIC (Check One)
   - ☐ a. INCIDENCE/PREVALENCE
   - ☐ b. PREVENTABLE MORBIDITY/MORTALITY
   - ☐ c. COST OF CARE
   - ☐ d. OTHER (Specify) _____

_____

4. HOSPITAL STUDY RESPONSIBILITY (Check One)
   - ☐ a. MEDICAL AUDIT COMMITTEE
   - ☐ b. UR COMMITTEE
   - ☐ c. SERVICE/DEPT. (Specify) _____
   - ☐ d. OTHER (Specify) _____

5. NON-PHYSICIAN PARTICIPATION (Specify)

_____

_____

_____

_____

6. DERIVATION OF CRITERIA (Check One)
   - ☐ a. SELF GENERATED
   - ☐ b. NATIONAL ORGANIZATION
   - ☐ c. OTHER PSRO(S)
   - ☐ d. OTHER HOSPITAL(S)
   - ☐ e. OTHER (Specify) _____

7. STUDY SITE (Check One)
   - ☐ a. PSRO-WIDE
   - ☐ b. PSRO SUB-AREA (NO. HOSPITALS _____)
   - ☐ c. INDIVIDUAL HOSPITAL
   - ☐ d. SERVICE /DEPT. OF HOSP. (Specify) _____
   - ☐ e. OTHER (Specify) _____

8. TYPE OF DATA COLLECTION (Check One)
   - ☐ a. RETROSPECTIVE
   - ☐ b. CONCURRENT
   - ☐ c. MIXED

9. SAMPLE CHARACTERISTICS
   - a. NUMBER OF SUBJECTS _____
   - b. POPULATION _____
   - c. OTHER _____

10. DATA INSTRUMENT (Check One)
    - ☐ a. SPECIAL FORM
    - ☐ b. ROUTINE FORM
    - ☐ c. OTHER (Specify) _____

11. DATA QUALITY CONTROLS (Check all that apply)
    - ☐ a. VERIFIED
    - ☐ b. VERIFIED - SOURCE INADEQUATE
    - ☐ c. VERIFIED - DATA INACCURATE
    - ☐ d. NONE
    - ☐ e. OTHER (Specify) _____

12. DATA PROCESSING (Check One)
    - ☐ a. MANUAL
    - ☐ b. EDP
    - ☐ c. MIXED

    EDP Cost: $ _____

13. FINDINGS (Check One)
    - ☐ a. COMPLIANCE WITH STANDARDS (Go to item 20)
    - b. VARIATION FROM STANDARDS
      - ☐ (1) VARIATION JUSTIFIED (Go to item 20)
      - ☐ (2) DEFICIENCY IDENTIFIED (Proceed with item 14)
      - ☐ (3) MORE THAN ONE DEFICIENCY (Proceed with item 14, specify number _____)

Continued on reverse side

14. DEFICIENCY ANALYSIS (Check One)
- ☐ a. KNOWLEDGE
- ☐ b. PERFORMANCE
- ☐ c. OTHER _____

15. ATTRIBUTION (Check all that apply)
- ☐ a. ONE HOSPITAL
- ☐ b. MORE THAN ONE HOSPITAL (NO. ____)
- ☐ c. INDIVIDUAL PHYSICIAN
- ☐ d. GROUP(S) OF PHYSICIANS
- ☐ e. NON-PHYSICIAN(S)
- ☐ f. ADMINISTRATIVE
- ☐ g. FURTHER STUDY NEEDED
- ☐ h. OTHER _____

16. TYPE OF ACTION RECOMMENDED (Check all that apply and describe)
- ☐ a. PRACTITIONER COUNSELLING _____
- b. EDUCATIONAL PROGRAM
  - ☐ (1) SINGLE HOSPITAL _____
  - ☐ (2) PSRO SUB-AREA _____
  - ☐ (3) PSRO - WIDE _____
- ☐ c. ADMINISTRATIVE CHANGE _____
- ☐ d. CHANGE IN CONCURRENT REVIEW _____
- ☐ e. OTHER REVIEW MODIFICATION _____
- ☐ f. OTHER _____

17. ESTIMATED RE-STUDY DATE (mo/yr) _____

18. IF EDUCATION IS RECOMMENDED, IS THERE LINKAGE WITH EXISTING CONTINUING MEDICAL EDUCATION ACTIVITIES?
☐ yes ☐ no

IF YES, PLEASE DESCRIBE: _____

19. RESPONSIBILITY FOR ACTION (Check all that apply)
- ☐ a. MEDICAL STAFF (COMMITTEE)
- ☐ b. HOSPITAL BOARD OF TRUSTEES
- ☐ c. HOSPITAL ADMINISTRATION
- ☐ d. SERVICE/DEPT. (Specify) _____
- ☐ e. OTHER (Specify) _____

20. PERSON HOURS UTILIZED (Round to half hours)

MCE STUDY TASK	PHYSICIAN	OTHER
a. SELECTION AND DESIGN		
b. SETTING CRITERIA AND STANDARDS		
c. DATA COLLECTION AND DISPLAY		
d. INTERPRETATION AND ANALYSIS OF FINDINGS		
e. TOTAL		

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

BQA 133

FORMS FOR COMPLETING

MCE CASE STUDIES

Bureau of Quality Assurance
Health Services Administration

RE-STUDY REPORT

Office of Management and Budget Approval Number

HOSPITAL ID NO.

PSRO NAME

PSRO NO.

DATE RESTUDY BEGAN Month Year

DATE RESTUDY COMPLETED Month Year

CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL

1. IDENTIFICATION OF STUDY
   a. TOPIC OF MCE STUDY _____
   b. ABSTRACT ID NUMBER _____
   c. DATE STUDY COMPLETED THROUGH RECOMMENDED ACTIONS _____
2. RESTUDY METHODOLOGY
   a. TYPE OF DATA COLLECTION (Check One)
   ☐ (1) RETROSPECTIVE
   ☐ (2) CONCURRENT
   ☐ (3) MIXED
   b. SAMPLE CHARACTERISTICS
   (1) NUMBER OF SUBJECTS _____
   (2) OTHER DESCRIPTION _____
   c. DATA INSTRUMENT (Check all that apply)
   ☐ (1) SPECIAL FORM
   ☐ (2) ROUTINE FORM - SPECIAL ELEMENTS
   ☐ (3) ROUTINE FORM - ROUTINE ELEMENTS
   (4) ELEMENT(S) USED _____
   (5) ELEMENT(S) TO BE INCORPORATED IN ROUTINE DATA SET _____
   d. CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSET OF ORIGINAL
   ☐ (2) ORIGINAL SET
   ☐ (3) OTHER (Specify) _____
   e. MODIFICATIONS OF CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSTANTIAL
   ☐ (2) SOME
   ☐ (3) NONE

3. FINDINGS
   a. ORIGINAL FINDINGS (Check One)
   ☐ (1) ACTIONS CORRECTED DEFICIENCIES
   ☐ (2) ACTIONS PARTIALLY CORRECTED DEFICIENCIES
   ☐ (3) ACTIONS PRODUCED NO CHANGE
   ☐ (4) ACTIONS NOT IMPLEMENTED
   b. NEW PROBLEM IDENTIFIED (Specify) _____
4. RECOMMENDATIONS (Check all that apply)
   ☐ a. SAME EDUCATION PROGRAMS
   ☐ b. NEW EDUCATION PROGRAMS (Specify) _____
   ☐ c. SAME ADMINISTRATIVE CHANGE
   ☐ d. NEW ADMINISTRATIVE CHANGE (Specify) _____
   ☐ e. RESTUDY (Estimated Mo/Yr) _____
   ☐ f. MCE STUDY
   ☐ g. CHANGE IN CONCURRENT REVIEW (Specify) _____
   ☐ h. OTHER REVIEW MODIFICATION (Specify)
   ☐ i. NO ACTION NECESSARY
   ☐ j. OTHER (Specify) _____
5. PERSON HOURS UTILIZED (Round to half hours)
   a. PHYSICIAN _____
   b. OTHER _____
   c. TOTAL _____

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

RE-STUDY REPORT

Office of Management and Budget Approval Number	HOSPITAL ID NO.
PSRO NAME	PSRO NO.
DATE RESTUDY BEGAN Month Year	DATE RESTUDY COMPLETED Month Year
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL	

1. IDENTIFICATION OF STUDY
   a. TOPIC OF MCE STUDY _____
   b. ABSTRACT ID NUMBER _____
   c. DATE STUDY COMPLETED THROUGH RECOMMENDED ACTIONS _____
2. RESTUDY METHODOLOGY
   a. TYPE OF DATA COLLECTION (Check One)
   ☐ (1) RETROSPECTIVE
   ☐ (2) CONCURRENT
   ☐ (3) MIXED
   b. SAMPLE CHARACTERISTICS
   (1) NUMBER OF SUBJECTS _____
   (2) OTHER DESCRIPTION _____
   c. DATA INSTRUMENT (Check all that apply)
   ☐ (1) SPECIAL FORM
   ☐ (2) ROUTINE FORM - SPECIAL ELEMENTS
   ☐ (3) ROUTINE FORM - ROUTINE ELEMENTS
   (4) ELEMENT(S) USED _____
   (5) ELEMENT(S) TO BE INCORPORATED IN ROUTINE DATA SET _____
   d. CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSET OF ORIGINAL
   ☐ (2) ORIGINAL SET
   ☐ (3) OTHER (Specify) _____
   e. MODIFICATIONS OF CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSTANTIAL
   ☐ (2) SOME
   ☐ (3) NONE

3. FINDINGS
   a. ORIGINAL FINDINGS (Check One)
   ☐ (1) ACTIONS CORRECTED DEFICIENCIES
   ☐ (2) ACTIONS PARTIALLY CORRECTED DEFICIENCIES
   ☐ (3) ACTIONS PRODUCED NO CHANGE
   ☐ (4) ACTIONS NOT IMPLEMENTED
   b. NEW PROBLEM IDENTIFIED (Specify) _____
4. RECOMMENDATIONS (Check all that apply)
   ☐ a. SAME EDUCATION PROGRAMS
   ☐ b. NEW EDUCATION PROGRAMS (Specify) _____
   ☐ c. SAME ADMINISTRATIVE CHANGE
   ☐ d. NEW ADMINISTRATIVE CHANGE (Specify) _____
   ☐ e. RESTUDY (Estimated Mo/Yr) _____
   ☐ f. MCE STUDY
   ☐ g. CHANGE IN CONCURRENT REVIEW (Specify) _____
   ☐ h. OTHER REVIEW MODIFICATION (Specify)
   ☐ i. NO ACTION NECESSARY
   ☐ j. OTHER (Specify) _____
5. PERSON HOURS UTILIZED (Round to half hours)
   a. PHYSICIAN _____
   b. OTHER _____
   c. TOTAL _____

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

RE-STUDY REPORT

Office of Management and Budget Approval Number

HOSPITAL ID NO.

PSRO NAME

PSRO NO.

DATE RESTUDY BEGAN Month Year

DATE RESTUDY COMPLETED Month Year

CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL

1. IDENTIFICATION OF STUDY
   a. TOPIC OF MCE STUDY _____
   b. ABSTRACT ID NUMBER _____
   c. DATE STUDY COMPLETED THROUGH RECOMMENDED ACTIONS _____
2. RESTUDY METHODOLOGY
   a. TYPE OF DATA COLLECTION (Check One)
   ☐ (1) RETROSPECTIVE
   ☐ (2) CONCURRENT
   ☐ (3) MIXED
   b. SAMPLE CHARACTERISTICS
   (1) NUMBER OF SUBJECTS _____
   (2) OTHER DESCRIPTION _____
   c. DATA INSTRUMENT (Check all that apply)
   ☐ (1) SPECIAL FORM
   ☐ (2) ROUTINE FORM - SPECIAL ELEMENTS
   ☐ (3) ROUTINE FORM - ROUTINE ELEMENTS
   (4) ELEMENT(S) USED _____
   (5) ELEMENT(S) TO BE INCORPORATED IN ROUTINE DATA SET _____
   d. CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSET OF ORIGINAL
   ☐ (2) ORIGINAL SET
   ☐ (3) OTHER (Specify) _____
   e. MODIFICATIONS OF CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSTANTIAL
   ☐ (2) SOME
   ☐ (3) NONE

3. FINDINGS
   a. ORIGINAL FINDINGS (Check One)
   ☐ (1) ACTIONS CORRECTED DEFICIENCIES
   ☐ (2) ACTIONS PARTIALLY CORRECTED DEFICIENCIES
   ☐ (3) ACTIONS PRODUCED NO CHANGE
   ☐ (4) ACTIONS NOT IMPLEMENTED
   b. NEW PROBLEM IDENTIFIED (Specify) _____
4. RECOMMENDATIONS (Check all that apply)
   ☐ a. SAME EDUCATION PROGRAMS
   ☐ b. NEW EDUCATION PROGRAMS (Specify) _____
   ☐ c. SAME ADMINISTRATIVE CHANGE
   ☐ d. NEW ADMINISTRATIVE CHANGE (Specify) _____
   ☐ e. RESTUDY (Estimated Mo/Yr) _____
   ☐ f. MCE STUDY
   ☐ g. CHANGE IN CONCURRENT REVIEW (Specify) _____
   ☐ h. OTHER REVIEW MODIFICATION (Specify)
   ☐ i. NO ACTION NECESSARY
   ☐ j. OTHER (Specify) _____
5. PERSON HOURS UTILIZED (Round to half hours)
   a. PHYSICIAN _____
   b. OTHER _____
   c. TOTAL _____

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

RE-STUDY REPORT

Office of Management and Budget Approval Number	HOSPITAL ID NO.
PSRO NAME	PSRO NO.
DATE RESTUDY BEGAN Month Year	DATE RESTUDY COMPLETED Month Year
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL	

1. IDENTIFICATION OF STUDY
   a. TOPIC OF MCE STUDY _____
   _____
   b. ABSTRACT ID NUMBER _____
   c. DATE STUDY COMPLETED THROUGH RECOMMENDED ACTIONS _____
2. RESTUDY METHODOLOGY
   a. TYPE OF DATA COLLECTION (Check One)
   ☐ (1) RETROSPECTIVE
   ☐ (2) CONCURRENT
   ☐ (3) MIXED
   b. SAMPLE CHARACTERISTICS
   (1) NUMBER OF SUBJECTS _____
   (2) OTHER DESCRIPTION _____
   c. DATA INSTRUMENT (Check all that apply)
   ☐ (1) SPECIAL FORM
   ☐ (2) ROUTINE FORM - SPECIAL ELEMENTS
   ☐ (3) ROUTINE FORM - ROUTINE ELEMENTS
   (4) ELEMENT(S) USED _____
   _____
   (5) ELEMENT(S) TO BE INCORPORATED IN ROUTINE DATA SET _____
   _____
   d. CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSET OF ORIGINAL
   ☐ (2) ORIGINAL SET
   ☐ (3) OTHER (Specify) _____
   e. MODIFICATIONS OF CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSTANTIAL
   ☐ (2) SOME
   ☐ (3) NONE

3. FINDINGS
   a. ORIGINAL FINDINGS (Check One)
   ☐ (1) ACTIONS CORRECTED DEFICIENCIES
   ☐ (2) ACTIONS PARTIALLY CORRECTED DEFICIENCIES
   ☐ (3) ACTIONS PRODUCED NO CHANGE
   ☐ (4) ACTIONS NOT IMPLEMENTED
   b. NEW PROBLEM IDENTIFIED (Specify) _____
   _____
4. RECOMMENDATIONS (Check all that apply)
   ☐ a. SAME EDUCATION PROGRAMS
   ☐ b. NEW EDUCATION PROGRAMS (Specify) _____
   _____
   ☐ c. SAME ADMINISTRATIVE CHANGE
   ☐ d. NEW ADMINISTRATIVE CHANGE (Specify) _____
   _____
   ☐ e. RESTUDY (Estimated Mo/Yr) _____
   ☐ f. MCE STUDY
   ☐ g. CHANGE IN CONCURRENT REVIEW (Specify) _____
   _____
   _____
   ☐ h. OTHER REVIEW MODIFICATION (Specify)
   _____
   _____
   ☐ i. NO ACTION NECESSARY
   ☐ j. OTHER (Specify) _____
   _____
5. PERSON HOURS UTILIZED (Round to half hours)
   a. PHYSICIAN _____
   b. OTHER _____
   c. TOTAL _____

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

RE-STUDY REPORT

Office of Management and Budget Approval Number	HOSPITAL ID NO.
PSRO NAME	PSRO NO.
DATE RESTUDY BEGAN Month Year	DATE RESTUDY COMPLETED Month Year
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL	

1. IDENTIFICATION OF STUDY
   a. TOPIC OF MCE STUDY _____
   b. ABSTRACT ID NUMBER _____
   c. DATE STUDY COMPLETED THROUGH RECOMMENDED ACTIONS _____
2. RESTUDY METHODOLOGY
   a. TYPE OF DATA COLLECTION (Check One)
   ☐ (1) RETROSPECTIVE
   ☐ (2) CONCURRENT
   ☐ (3) MIXED
   b. SAMPLE CHARACTERISTICS
   (1) NUMBER OF SUBJECTS _____
   (2) OTHER DESCRIPTION _____
   c. DATA INSTRUMENT (Check all that apply)
   ☐ (1) SPECIAL FORM
   ☐ (2) ROUTINE FORM - SPECIAL ELEMENTS
   ☐ (3) ROUTINE FORM - ROUTINE ELEMENTS
   (4) ELEMENT(S) USED _____
   (5) ELEMENT(S) TO BE INCORPORATED IN ROUTINE DATA SET _____
   d. CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSET OF ORIGINAL
   ☐ (2) ORIGINAL SET
   ☐ (3) OTHER (Specify) _____
   e. MODIFICATIONS OF CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSTANTIAL
   ☐ (2) SOME
   ☐ (3) NONE

3. FINDINGS
   a. ORIGINAL FINDINGS (Check One)
   ☐ (1) ACTIONS CORRECTED DEFICIENCIES
   ☐ (2) ACTIONS PARTIALLY CORRECTED DEFICIENCIES
   ☐ (3) ACTIONS PRODUCED NO CHANGE
   ☐ (4) ACTIONS NOT IMPLEMENTED
   b. NEW PROBLEM IDENTIFIED (Specify) _____
4. RECOMMENDATIONS (Check all that apply)
   ☐ a. SAME EDUCATION PROGRAMS
   ☐ b. NEW EDUCATION PROGRAMS (Specify) _____
   ☐ c. SAME ADMINISTRATIVE CHANGE
   ☐ d. NEW ADMINISTRATIVE CHANGE (Specify) _____
   ☐ e. RESTUDY (Estimated Mo/Yr) _____
   ☐ f. MCE STUDY
   ☐ g. CHANGE IN CONCURRENT REVIEW (Specify) _____
   ☐ h. OTHER REVIEW MODIFICATION (Specify)
   ☐ i. NO ACTION NECESSARY
   ☐ j. OTHER (Specify) _____
5. PERSON HOURS UTILIZED (Round to half hours)
   a. PHYSICIAN _____
   b. OTHER _____
   c. TOTAL _____

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

Bureau of Quality Assurance
Health Services Administration

RE-STUDY REPORT

Office of Management and Budget Approval Number	HOSPITAL ID NO.
PSRO NAME	PSRO NO.
DATE RESTUDY BEGAN Month Year	DATE RESTUDY COMPLETED Month Year
CONDUCTED BY: ☐ PSRO ☐ DELEGATED HOSPITAL	

1. IDENTIFICATION OF STUDY
   a. TOPIC OF MCE STUDY _____
   b. ABSTRACT ID NUMBER _____
   c. DATE STUDY COMPLETED THROUGH RECOMMENDED ACTIONS _____
2. RESTUDY METHODOLOGY
   a. TYPE OF DATA COLLECTION (Check One)
   ☐ (1) RETROSPECTIVE
   ☐ (2) CONCURRENT
   ☐ (3) MIXED
   b. SAMPLE CHARACTERISTICS
   (1) NUMBER OF SUBJECTS _____
   (2) OTHER DESCRIPTION _____
   c. DATA INSTRUMENT (Check all that apply)
   ☐ (1) SPECIAL FORM
   ☐ (2) ROUTINE FORM - SPECIAL ELEMENTS
   ☐ (3) ROUTINE FORM - ROUTINE ELEMENTS
   (4) ELEMENT(S) USED _____
   (5) ELEMENT(S) TO BE INCORPORATED IN ROUTINE DATA SET _____
   d. CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSET OF ORIGINAL
   ☐ (2) ORIGINAL SET
   ☐ (3) OTHER (Specify) _____
   e. MODIFICATIONS OF CRITERIA AND STANDARDS (Check One)
   ☐ (1) SUBSTANTIAL
   ☐ (2) SOME
   ☐ (3) NONE

3. FINDINGS
   a. ORIGINAL FINDINGS (Check One)
   ☐ (1) ACTIONS CORRECTED DEFICIENCIES
   ☐ (2) ACTIONS PARTIALLY CORRECTED DEFICIENCIES
   ☐ (3) ACTIONS PRODUCED NO CHANGE
   ☐ (4) ACTIONS NOT IMPLEMENTED
   b. NEW PROBLEM IDENTIFIED (Specify) _____
4. RECOMMENDATIONS (Check all that apply)
   ☐ a. SAME EDUCATION PROGRAMS
   ☐ b. NEW EDUCATION PROGRAMS (Specify) _____
   ☐ c. SAME ADMINISTRATIVE CHANGE
   ☐ d. NEW ADMINISTRATIVE CHANGE (Specify) _____
   ☐ e. RESTUDY (Estimated Mo/Yr) _____
   ☐ f. MCE STUDY
   ☐ g. CHANGE IN CONCURRENT REVIEW (Specify) _____
   ☐ h. OTHER REVIEW MODIFICATION (Specify)
   ☐ i. NO ACTION NECESSARY
   ☐ j. OTHER (Specify) _____
5. PERSON HOURS UTILIZED (Round to half hours)
   a. PHYSICIAN _____
   b. OTHER _____
   c. TOTAL _____

ADDITIONAL EXPLANATORY REMARKS (USE ADDITIONAL PAPER IF NECESSARY)

RESERVED FOR PROCESSING CONTROL

BQA 135

FORMS FOR COMPLETING

MCE CASE STUDIES

☐ PSRO
☐ Non-Delegated Hospitals
☐ Delegated Hospitals

Bureau of Quality Assurance
Health Services Administration

MCE STUDY STATUS REPORT

Office of Management and Budget
Approval Number

PSRO NAME | PSRO NO.

REPORTING PERIOD
DATES FROM Month Year TO Month Year

PAGE OF

MCE STUDY TOPIC (1)	STUDY ID NO. (2)	HOSPITAL ID (3)	MCE STUDY THROUGH RECOMMENDED ACTIONS				RESTUDY		IMPACT RATING (P, G, or E) (10)
			DATE STARTED (4)	ESTIMATED COMPLETION DATE (5)	ACTUAL COMPLETION DATE (6)	TECHNICAL RATING (P, G, or E) (7)	ESTIMATED DATE OF RESTUDY (8)	ACTUAL DATE OF RESTUDY (9)	

☐ PSRO

☐ Non-Delegated Hospitals

☐ Delegated Hospitals

Bureau of Quality Assurance
Health Services Administration

MCE STUDY STATUS REPORT

Office of Management and Budget
Approval Number

PSRO NAME

PSRO NO.

REPORTING PERIOD
DATES FROM Month Year TO Month Year

PAGE OF

MCE STUDY TOPIC (1)	STUDY ID NO. (2)	HOSPITAL ID (3)	MCE STUDY THROUGH RECOMMENDED ACTIONS				RESTUDY		IMPACT RATING (P, G, or E) (10)
			DATE STARTED (4)	ESTIMATED COMPLETION DATE (5)	ACTUAL COMPLETION DATE (6)	TECHNICAL RATING (P, G, or E) (7)	ESTIMATED DATE OF RESTUDY (8)	ACTUAL DATE OF RESTUDY (9)	

BQA 135 4/75

☐ PSRO

☐ Non-Delegated Hospitals

☐ Delegated Hospitals

Bureau of Quality Assurance
Health Services Administration

MCE STUDY STATUS REPORT

Office of Management and Budget
Approval Number

PSRO NAME

PSRO NO.

REPORTING PERIOD
DATES FROM Month Year TO Month Year

PAGE OF

MCE STUDY TOPIC (1)	STUDY ID NO. (2)	HOSPITAL ID (3)	MCE STUDY THROUGH RECOMMENDED ACTIONS				RESTUDY		IMPACT RATING (P, G, or E) (10)
			DATE STARTED (4)	ESTIMATED COMPLETION DATE (5)	ACTUAL COMPLETION DATE (6)	TECHNICAL RATING (P, G, or E) (7)	ESTIMATED DATE OF RESTUDY (8)	ACTUAL DATE OF RESTUDY (9)	

BQA 135 4/75

☐ PSRO

☐ Non-Delegated Hospitals

☐ Delegated Hospitals

Bureau of Quality Assurance
Health Services Administration

MCE STUDY STATUS REPORT

Office of Management and Budget
Approval Number

PSRO NAME

PSRO NO.

REPORTING PERIOD
DATES FROM Month Year TO Month Year

PAGE OF

MCE STUDY TOPIC (1)	STUDY ID NO. (2)	HOSPITAL ID (3)	MCE STUDY THROUGH RECOMMENDED ACTIONS				RESTUDY		IMPACT RATING (P, G, or E) (10)
			DATE STARTED (4)	ESTIMATED COMPLETION DATE (5)	ACTUAL COMPLETION DATE (6)	TECHNICAL RATING (P, G, or E) (7)	ESTIMATED DATE OF RESTUDY (8)	ACTUAL DATE OF RESTUDY (9)	

BQA 135 4/75

☐ PSRO

☐ Non-Delegated Hospitals

☐ Delegated Hospitals

Bureau of Quality Assurance
Health Services Administration

MCE STUDY STATUS REPORT

Office of Management and Budget
Approval Number

PSRO NAME

PSRO NO.

REPORTING PERIOD
DATES FROM Month Year TO Month Year

PAGE OF

MCE STUDY TOPIC (1)	STUDY ID NO. (2)	HOSPITAL ID (3)	MCE STUDY THROUGH RECOMMENDED ACTIONS				RESTUDY		IMPACT RATING (P, G, or E) (10)
			DATE STARTED (4)	ESTIMATED COMPLETION DATE (5)	ACTUAL COMPLETION DATE (6)	TECHNICAL RATING (P, G, or E) (7)	ESTIMATED DATE OF RESTUDY (8)	ACTUAL DATE OF RESTUDY (9)	

BQA 135 4/75

☐ PSRO
☐ Non-Delegated Hospitals
☐ Delegated Hospitals

Bureau of Quality Assurance
Health Services Administration

MCE STUDY STATUS REPORT

Office of Management and Budget
Approval Number

PSRO NAME

PSRO NO.

REPORTING PERIOD
DATES FROM Month Year TO Month Year

PAGE OF

MCE STUDY TOPIC (1)	STUDY ID NO. (2)	HOSPITAL ID (3)	MCE STUDY THROUGH RECOMMENDED ACTIONS				RESTUDY		IMPACT RATING (P, G, or E) (10)
			DATE STARTED (4)	ESTIMATED COMPLETION DATE (5)	ACTUAL COMPLETION DATE (6)	TECHNICAL RATING (P, G, or E) (7)	ESTIMATED DATE OF RESTUDY (8)	ACTUAL DATE OF RESTUDY (9)	

BQA 135 4/75

V. PROBLEM LOG

V. PROBLEM LOG

5.1 Problem Log Maintenance

In the following pages, problems encountered with these training materials and/or the MCE reporting requirements should be documented for resolution by the PMIS Technical Assistance Center. In turn, this documentation should be incorporated into each PSRO's PMIS Problem Log. PSROs should also encourage all delegated hospitals to maintain such a log, and collect the documented problem issues on a periodic basis.

MCE PROBLEM LOG

1. OVERALL PROBLEM AREA

2. PARTICULAR ITEMS INVOLVED

3. RECOMMENDED SOLUTION(S)

Prepared by:

MCE PROBLEM LOG

1. OVERALL PROBLEM AREA

2. PARTICULAR ITEMS INVOLVED

3. RECOMMENDED SOLUTION(S)

Prepared by:

Date:

MCE PROBLEM LOG

1. OVERALL PROBLEM AREA

2. PARTICULAR ITEMS INVOLVED

3. RECOMMENDED SOLUTION(S)

Prepared by:

Date

MCE PROBLEM LOG

1. OVERALL PROBLEM AREA

2. PARTICULAR ITEMS INVOLVED

3. RECOMMENDED SOLUTION(S)

Prepared by:

Date:

MCE PROBLEM LOG

1. OVERALL PROBLEM AREA

2. PARTICULAR ITEMS INVOLVED

3. RECOMMENDED SOLUTION(S)

Prepared by:

Date:

MCE PROBLEM LOG

1. OVERALL PROBLEM AREA

2. PARTICULAR ITEMS INVOLVED

3. RECOMMENDED SOLUTION(S)

Prepared by:

MCE PROBLEM LOG

1. OVERALL PROBLEM AREA

2. PARTICULAR ITEMS INVOLVED

3. RECOMMENDED SOLUTION(S)

Prepared by:

Date:

MCE PROBLEM LOG

1. OVERALL PROBLEM AREA

2. PARTICULAR ITEMS INVOLVED

3. RECOMMENDED SOLUTION(S)

Prepared by:

Date:

MCE PROBLEM LOG

1. OVERALL PROBLEM AREA

2. PARTICULAR ITEMS INVOLVED

3. RECOMMENDED SOLUTION(S)

Prepared by:

Date: